DOCUMENT RESUME

ED 253 366	RC 015 124

AUTHOR	Torres, Angelina Moreno
TITLE	The Prevention and Treatment of Child Abuse and Neglect: A Focus on the Mexican American Family. Proceedings of the Annual Conference (2nd, San Antonio, Texas, September 8-10, 1982).
INSTITUTION	National Resource Center on Child Abuse and Neglect for Mexican Americans, Laredo, TX.; Texas Migrant Council, Inc., Laredo.
SPONS AGENCY	National Center on Child Abuse and Neglect (DHHS/OHDS), Washington, D.C.
PUB DATE	83
GRANT	90-C-1743
NOTE	192p.; For related documents, see RC 015 123 and RC 015 125.
AVAILABLE FROM	Texas Migrant Council, P. O. Box 2579, Laredo, TX 78044-2579 ($10.00).
PUB TYPE	Information Analyses (070) -- Collected Works - Conference Proceedings (021)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adjustment (to Environment); American Indians; *Child Abuse; Child Advocacy; *Child Neglect; Child Rearing; Clinical Experience; *Cultural Influences; *Delivery Systems; Ecological Factors; Educational Radio; Family Relationship; Family Violence; Group Therapy; Intervention; Low Income Groups; *Mexican Americans; Migrant Workers; Parent Child Relationship; Parent Education; *Prevention; Sexual Abuse

ABSTRACT

The 26 papers focus on child abuse issues affecting the Mexican American family. The keynote address notes various issues in child abuse and neglect among Mexican Americans. Three papers discuss Mexican American families in transition, adjustment of the family into the Mexican American barrio and vice versa, and the effects of sexual assault on the Mexican American woman, her family, and the community. Five papers address child abuse in the minority community, child abuse and neglect in the Mexican American community, abuse and neglect of low-income Hispanic children and adolescents from a systems approach, ecological correlates of child maltreatment, and attitudes toward child abuse and child-rearing practices of Mexican American migrant parents. Nine papers deal with culturally relevant intervention approaches with Mexican American families, e.g., a Spanish language educational radio program, culturally sensitive group therapy, multicultural approach to clinical practice, and child advocacy and parents' rights in child abuse and neglect legal proceedings. The last eight papers discuss innovative prevention and treatment programs and delivery systems and special topics in child abuse and neglect, such as diversity of Indians as it relates to child abuse and neglect, domestic violence-crisis intervention with the Hispanic family, and implications of substance abuse among Mexican American migrants. The closing address discusses stress management. (NQA)

ED253366

The Prevention and Treatment of Child Abuse and Neglect:

A Focus on the Mexican-American Family

SCOPE OF INTEREST NOTICE
The Eric Facility has assigned this document for processing to: RC

In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view CG

Proceedings of the Second Annual Conference
September 8 — 10, 1982, San Antonio, Texas

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
Oscar L. Villarreal

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

JAN 1985
RECEIVED
ERIC/CRESS

RC015124

Texas Migrant Council National Resource Center on Child Abuse and Neglect for Mexican-Americans

THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT:

A Focus on the Mexican American Family

Proceedings of the
Second Annual Conference
September 8—10, 1982

Angelina Moreno Torres, J.D., Editor

This publication was made possible by a Grant No. 90-C-1743 from the NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, Children's Bureau, Administration For Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services, Washington, D.C.

The opinions expressed herein are those of the individuals and groups to whom they are attributed. It contents should not be construed as official policy of the National Center on Child Abuse and Neglect or any agency of the Federal government.

Copyright, 1983, by Texas Migrant Council, Inc. National Resource Center on Child Abuse and Neglect for Mexican Americans. All rights reserved. Printed in the United States.

ACKNOWLEDGMENTS

We gratefully acknowledge Oscar L. Villarreal, Executive Director of the Texas Migrant Council for his full cooperation and support of the National Resource Center on Child Abuse and Neglect of Mexican Americans, which planned and coordinated the Second Annual Conference on the Prevention and Treatment of Child Abuse and Neglect in the Mexican American Community, and Mary Guevara, Project Director of the National Resource Center for her invaluable support and assistance in making the publication of the proceedings possible, and all of the authors whose contributions are contained herein, for their diligent efforts. A special acknowledgment is also made to the Conference Proceedings Production Staff of the National Resource Center, Patricia Garza and Henry Smith. Special thanks to Mario Bermea, who directed the Conference coordination and the AVANCE Parent-Child Education Program, their Executive Director, Gloria Rodriguez, and their Staff for co-sponsoring the Conference, and especially to the secretaries of the Texas Migrant Council who typed the material, the transcribers, proofreaders, and the Texas Migrant Headstart personnel who so generoulsly gave of their time and contributed to the success of the Conference. Thanks to Dr. Lex Berrios for his editorial suggestions and Diana Santa Cruz and Norma Idrogo for their typing.

The National Resource Center on Child Abuse and Neglect for Mexican Americans gratefully acknowledges the following persons whose cooperative efforts made the Conference such a success.

The Executive Staff of the Texas Migrant Council:

Oscar L. Villarreal	Executive Director
Jose A. Valdez	Deputy Director

The Staff of the National Resource Center on Child Abuse and Neglect of Mexican Americans:

Mary D. Guevara	Project Director
Angelina Moreno Torres	Training and Resource Specialist
Patricia Garza	Training and Resource Specialist
Henry Smith	Training and Resource Specialist

We are also indebted to the following members of the Texas Migrant Council Staff who assisted the Resource Center in the execution of the Conference and the publication of these proceedings.

John Gonzales	Headstart Director
Rom[illegible] Sifuentes	Assistant Headstart Director
Santiago Almaraz	Fiscal Department Head
Blas Reyes	Parent Involvement Coordinator
Spencer Oldham	Education Coordinator
Yolanda Barrera	Handicap Coordinator
Dolores Milera	Administrative Officer
Yolanda Garcia	Executive Secretary
Arnold Canales	Accounting Clerk
Diana Mendoza	Secretary
Rosario Palacios	Secretary
Lidia Gamez	Secretary
Ester Castro	Transcriber
Raquel Garcia	Transcriber

Especially appreciated was the support of the AVANCE Parent Child Education Staff:

Gloria Rodriguez
Sylvia Garcia
Alma Villalpando
Margie Gonzales
Janie Rubio
Carmen Cortez
Janie Garza
Irene Martinez
Gloria Gonzales
Elva Salazar
Mercedes Perez de Colon
Tina Balderas
Delia Alvarado
Rita San Miguel
Hita Gutierrez

Special thanks to the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services, Washington, D.C.

TABLE OF CONTENTS

Acknowledgments i

Foreword ii
Enrique H. Pena

Introduction iii

Keynote Address iv
Hank Aguirre

ISSUES IN CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICANS v

I. SOCIOCULTURAL PERSPECTIVES IN THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICANS

Mexican American Families in Transition – Problems in Child Abuse and Neglect 1
Guadalupe Gibson

The Adjustment of the Mexican American Family
Into the Mexican American Barrio and Vice Versa 6
Edmundo J. Ruiz

The Effects of Sexual Assault on the Mexican
American Woman, Her Family, and the Community 9
Maria S. Rammos

II. RESEARCH EFFORTS IN CHILD ABUSE AND NEGLECT IN THE MEXICAN AMERICAN COMMUNITY

Child Abuse in the Minority Community: Some Observations 13
Adalberto Aguirre, Jr.

Recent Findings on Child Abuse and Neglect
in the Mexican American Community 18
Lex Berrios

Abuse and Neglect of Low-Income Hispanic
Children and Adolescents from a Systems Approach 24
Robert J. Velasquez

Ecological Correlates of Child Maltreatment 33
Richard Spence

New Findings: Attitudes Toward Child Abuse and
Child-rearing Practices of Mexican American Migrant Parents 43
Frederick Cervantes

III. CULTURALLY RELEVANT INTERVENTION APPROACHES WITH MEXICAN AMERICAN FAMILIES

"Una Familia Sana" -- Spanish Language Educational Radio Programming
for Decreasing Child Abuse and Neglect 53
Teresa Ramirez Boulette

Culturally Sensitive Group Therapy for Mexican American Women 61
Antonio Juarez

La Practica, Raza Social Work Practice:
A Multicultural Approach To Clinical Practice 68
Amalia Gonzales Del Valle

Listen, Do You Want To Know A Secret? .80
Pete Sanchez

Child Advocacy For Bicultural and Spanish-speaking Children in Child Abuse and Neglect Court Proceedings .86
Barbara Sanchez Smart

Program, Policy, Practice, and Permanency Recruitment of Hispanic Parents .93
Benjamin Cuellar

Legal Proceedings on Child Abuse and Neglect Cases – The Rights of Parents .103
Aurora Sanchez
Gary Javore

Methods, Skills, and Techniques of Assessment and Treatment of Child Sexual Abuse .112
Alexander G. Zaphiris

Methods, Skills, and Techniques of Assessment and Treatment of Child Neglect .122
Alexander G. Zaphiris

IV. INNOVATIVE PREVENTION AND TREATMENT PROGRAMS AND DELIVERY SYSTEMS

Alternative Parenting as a Preventive Approach to Child Abuse and Neglect .127
Efrain Carrillo

Mother-Child Education Program .132
Guadalupe Lara

Back to Basics -- The Neighborhood .134
Enrique H. Peña

AVANCE Parent-Child Education Program .139
Gloria Rodriguez
Carmen P. Cortez

Innovations through Parents Anonymous Children's Treatment Program .148
Leonard Lieber

V. SPECIAL TOPICS IN CHILD ABUSE AND NEGLECT

The Cultural Diversity of Indians As It Relates To Child Abuse and Neglect .154
Warren Weller

Domestic Violence: Crisis Intervention with the Hispanic Family .159
Elizabeth J. Pokela

Implications of Substance Abuse Among the Mexican American Migrant Population .164
John Moore
Peggy Pittman-Munke

VI. CLOSING ADDRESS

Stress Management .170
Gayle E. Schou

VII. LIST OF CONFERENCE PRESENTORS .173

FOREWORD

The theme: "A Focus On The Mexican American Family" of the Second Annual Conference on the Prevention and Treatment of Child Abuse and Neglect comes at a time when there is a heightening awareness that different norms and values of cultural or ethnic groups must be considered and evaluated in the decision-making process, from reporting and identification, to the treatment of suspected cases of child abuse and neglect.

From the collection of articles that is presented herein it becomes obvious that the Mexican American perspective can only be articulated from the Mexican American experience. If this is recognized, then the inconsistencies between that experience and American institutions may be identified.

While I am not taking the position that the ideas articulated in this collection of articles will automatically lead to different types of social action, it must be stressed however, that these ways of thinking about Mexican American families will serve two purposes: one, to dispel the myths about Mexican American families and avoid stereotyping, and second, to challenge the system of prevention, investigation and treatment of cases involving child abuse and neglect which, historically, has not addressed this problem among Mexican American families from their perspective, and most importantly, a system which has been insensitive, and lacked awareness and the appropriate methods to provide services to these families.

The etiology of abuse and neglect among Mexican American communities cannot be understood by those in control--by the social service system--no matter how complex--unless and until there is a recognition and awareness of the cultural variables affecting the relationship of Mexican American families and social scientists.

The present volume is a collection of articles describing programs in place providing services to Mexican American families. The contributing authors also offer a variety of strategies for policy-makers and practitioners alike who are responsible for serving the needs of Mexican American families and most importantly, their children.

While not attempting to summarize each excellent article contained herein, I think it is important to point out certain premises introduced in these articles: in the one written by Antonio Juarez, Mr. Juarez recognizes that the legal system has taken great steps in dealing with child abuse and then makes a call upon the mental health system to take equal, if not greater measures, to stop and prevent child abuse through high quality treatment models. Author Efrain Carrillo comes to the conclusion that because of the economic recession, those unemployed will be faced with coping with that fact of life, and that in turn, will affect the incidence of child abuse and neglect. He makes a strong plea for effective preventive programs to help eradicate the problem of abusive incidents. His article discusses programs that are in place in his own community that are being used to reduce the potentiality of an abusive situation arising among the Mexican American community.

Leaving the area of prevention, Guadalupe Lara's article quite candidly points out that not only is there a lack of appropriate placements for children, but there is a lack of parent education programs to which parents can be referred. She describes a unique pilot project that has two very unique features: providing lessons within the home environment and the other, providing of sessions outside the home environment. This approach, she states, gives an opportunity for the mother and children to interact within the home environment which is familiar to them and also allows them to participate outside the home environment in a program aimed at serving both the mother and the children. The program she describes is designed specifically for Mexican American families, especially those that are not English-speaking.

Aside from those articles that make a plea for prevention and those that describe model programs already in place, there are a number of articles which address research and studies in our areas of concern. An article written by Richard Spence starts out by setting out the ecological framework which has been used in studying child maltreatment and goes beyond the examination of single variable correlates of child abuse and neglect by focusing upon the relationships of variables as they affect child maltreatment. Important information is cited in this paper that has relevance to prevention and treatment issues, especially applicable to the Mexican American family, which dispels myths about these families. The author stresses the need for additional research "to be conducted with the aim of disentangling the effects of social class and ethnicity."

And finally, Adalberto Aguirre's article makes a strong point that it is a myth to believe that child abuse is only present in minority groups. He correctly points out that it affects all socioeconomic levels, and points out that among minority families it is reported more often and therefore enjoys a higher level of public scrutiny.

In conclusion, we must continue to address the problem as stated by Benjamin Cuellar in his article, "Child welfare agencies have failed this group (those within the high level of poverty population) in their 'charge of providing social services to children and young people' who are unable to fulfill their child-rearing responsibilities, and whose communities fail to provide the resources and protection that children and families require."

Judge Enrique H. Pena, L.L.D.

INTRODUCTION

The Second Annual Conference on the Prevention and Treatment of Child Abuse and Neglect: "A Focus on the Mexican American Family," sponsored by the Texas Migrant Council's National Resource Center on Child Abuse and Neglect of Mexican Americans in cooperation with AVANCE, Parent-Child Education Program, was held in San Antonio, Texas on September 8-10, 1982. During those three days over 400 participants experienced the opportunity to interact with some of this nation's top Mexican American and non minority specialists in the field of Child Abuse and Neglect.

The goals of the conference were to increase the participation of Mexican American professionals in Child Abuse and Neglect issues and to increase the awareness of workers, administrators, and others, of the cultural dynamics involved when working with Mexican American families. The achievement of such goals is exemplified by the twenty-six papers presented in these proceedings.

Focusing entirely on Child Abuse issues affecting the Mexican American family made this conference unique in its perspective. The conference provided the opportunity for presenters and participants to discuss and establish valuable recommendations regarding such concerns as the need for the child welfare system to acknowledge and give important consideration to the possibility of ethnic differences in the propensity to abuse or neglect children, and the need for social services agencies to practice service delivery approaches that are ethnically and culturally related.

It was the consensus of the conference participants that the issues addressed during the workshops and presentations concerned timely and critical topics relevant to their practice.

On behalf of the Texas Migrant Council and all those who helped to make this project possible, we hope that the recommendations and the expertise presented in these proceedings will contribute to the development of more effective policy and program planning for the prevention and treatment of Child Abuse and Neglect in the Mexican American community.

MARY GUEVARA
Project Director
National Resource Center
On Child Abuse and
Neglect of Mexican
Americans

KEYNOTE ADDRESS

Hank Aguirre
Director
Indian and Migrant
Program Division
Head Start Bureau
Administration for Children,
Youth and Families
U.S. Department of Health and Human Services
Washington, D.C.

The event of the Second Annual Conference on the Prevention and Treatment of Child Abuse and Neglect today marks a point of significant accomplishment of the goals of the Texas Migrant Council, of improving services to children and families and bettering the lives of children in need.

I want to salute you with warmth and congratulate you for your work in making this Conference a reality, for the benefit of Mexican American, and all children. Many people dream and talk about conquering tomorrow; hopefully, through the efforts of these dedicated professionals, the realities of children who are abused or neglected, their parents and families, will be brighter tomorrow.

The board of directors, the staff, the parents, and thousands of people who support these efforts have seen yesterday's vision converted into the reality of today. That is a work of admiration. While some continue to dream, others continue to fulfill their goals.

The workers of private agencies such as Texas Migrant Council, and other child welfare professionals working in public agencies should continue their efforts, especially in treating educational and medical neglect of Mexican American children. Thousands of children depend on it. The workers know that achieving improved protective, and appropriate treatment services to children comes through hard work and know that it is not easy but they understand their commitment to the children.

I expect you to move forward and continue with your ideals, dedication, talent, and conviction--you who have been able to understand the impact of goals you are seeking.

I commend the representatives of agencies, organizations, and groups, here today for their efforts on behalf of the children, the migrants, and the community. The work is not easy, but worthwhile objectives sometimes demand painful efforts.

Like yesterday, today, and tomorrow, we will continue to have dreams of a better life for our children until they are converted into reality.

ISSUES IN CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICANS

The problems of child abuse and neglect have been found to occur among all different social strata of this society and among groups of various ethnic backgrounds, living at different economic levels. National studies suggest that the form and degree of maltreatment of children will vary with income and racial characteristics of the group, and that children from low-income and minority groups are overrepresented in the various forms of child maltreatment, and represented disproportionately in the reporting statistics. Whether or not the incidence of child abuse and neglect is found at the same rates across economic classes, the fact clearly remains that it does not occur exclusively among ethnic minorities or poor people.

The need for research of this specific problem in the Mexican American community lies in finding out how these economic and social factors interact and interrelate in the etiology of child abuse and child neglect, in particular, and what their role is in contributing to the problem; in addition, examining the extent to which race and ethnicity play in forming its sociocultural definition, how certain culturally identifiable child-rearing practices can be strengthened to prevent child abuse, and what the actual incidence of child abuse and neglect within the Mexican American population is as measured by independent investigation, remain to be accomplished to determine: what problems areas there are for purposes of treating and preventing abuse and neglect of children among families in a culturally sensitive manner, and where social service workers and other professionals in public agencies, communities, institutions, and delivery systems, and individuals in families, must concentrate on, or change, in meeting the needs of Mexican American children.

The need for accurate and comprehensive assessment and planning for the prevention and treatment of child abuse and neglect demands that a more precise and uniform definition of the problem be developed, one which encompasses an understanding of the diverse cultural and socioeconomic contexts in which child abuse and neglect occur among Mexican Americans (and other groups) their communities, schools, and other social institutions which influence, and at times, because of their insensitivity induce behavior patterns which lead to child abuse and neglect. Also, understanding how social institutions may, because of their insensitivity, induce behavioral patterns which lead to child abuse and neglect, would permit community groups to plan for, and address, the problems in their more covert forms.

The relationship of other social phenomena found among Mexican Americans in our institutions such as high infant mortality, malnutrition, high incidences of school dropouts, delinquency and crime among youths, to child abuse and neglect must also be examined.

But most important to emphasize is the need to identify and develop culturally cognizant and sensitive, and comprehensive approaches to research, prevention and treatment programs, intervention strategies, and program planning specifically designed to serve the needs of the Mexican American population, which is culturally heterogeneous, and thus linguistically unique.

The family and natural support systems in the Mexican American community are clearly of the first realities of service delivery which must be contended with when assessing and treating abuse and neglect of children. The distinct nature of Mexican American child and parent relationships and interactions make its understanding by social work practitioners, educators, medical and legal professionals, and scientists, imperative because of the tremendous psychosocial stresses brought upon this group, which cause damage, however imperceptible or otherwise, to parents and families, and worse, to the children's social, psychological, emotional, and intellectual development, especially during the critical early childhood years.

Focusing on the study of child abuse and neglect within the context of the culture and utilizing cultural approaches does not mean that professionals can adequately deal with the problem divorced form other deleterious societal factor--such as poor economic conditions. Poverty, exploitation, unemployment, poor health, malnutrition, etc., bring upon families intolerable stresses, which compound the problems of their socially marginal lives and further victimize their members, perpetuating their role in the vicious cycle of poverty, oppression, and inequality. "Humanizing services" in the process of treatment includes respecting the diversity of cultures among individuals in this society, i.e., recognizing the culture of children and their families, and also includes respecting the diverse and unique historical, social, economic, and environmental circumstances of the individual.

Finding and using appropriate solutions to properly address this complex problem of child abuse and neglect among Mexican Americans has only begun. The fruits of this challenge to better services delivery to Mexican Americans will enable practitioners in the various disciplines who interact with abusive and neglectful families, to lessen the detrimental effects, and influence social and welfare policy for purposes of eliminating the underlying causes of maltreatment of children.

I.

SOCIOCULTURAL PERSPECTIVES IN THE PREVENTION AND TREATMENT OF CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICANS

MEXICAN AMERICAN FAMILIES IN TRANSITION- - PROBLEMS OF CHILD ABUSE AND NEGLECT

Guadalupe Gibson, M.S.W., A.C.S.W., C.S.W. Professor
Worden School of Social Service
Our Lady of the Lake University
San Antonio, Texas

I was very fortunate, not only to be a member of the National Advisory Committee of the White House Conference on Families, But also to be of the five deputy chairpersons. In that capacity I had considerable opportunity to hear from and about families throughout the United States. President Carter was very proud of the fact that through the White House Conference on Families, he had brought into focus concerns that the American people had about families. At that time there was, and to some extent there continues to be, concern about what is happening to families. I was frequently said that the family was in trouble; that it was falling apart; that it was dying. Statistics on the increasing number of divorces were frequently quoted, as were the number of unmarried couples living together, and the number of single parents, particularly mothers, raising their children alone. Other family aberrations were also frequently mentioned. Since the family is considered the mainstay of society, the expectations were that as families crumbled, society would disintegrate as well. Because of the magnitude of the interrelationship between families and society, it is appropriate to assume that the welfare of a society depends on the welfare of the families who constitute that society.

But society is not disintegrating because of what is happening to families. The American family is changing; it is in transition, it is evolving, as it has always been, in all societies. Throughout history the concept of family has changed. It has never been static. The concept of family is dynamic. It changes with time, in relation to places, and it changes to adapt to circumstances in which people find themselves. The family is not dying. It will survive this crisis, any crisis, as it has always done in the past. Families have always had to deal with problems and have had to confront many crises. Imagine, if there had been social workers around, or any other type of human service workers, at the time of Adam and Eve, what their prediction would have been about the future of the family, about its survival, after Cain slew Abel? Not very promising, I would think. But the family has been resilient and enduring. Moreover, the family has been malleable, elastic, adaptable. It has allowed for change in function and/or structure over time, according to the needs of people individually and collectively, according to various social, economic, or environmental circumstances. As circumstances change, for whatever reasons, families have changed.

Sigmund Freud is the one credited with having "put a fence" around the concept of family. He formulated his theories about the family on the basis of the nuclear family. He was responding to the needs of the society in which he lived; one composed of middle or upper middle class small families, which developed as such because of *their* circumstances. The majority of American middle class people were also living in small families, and the concept of the nuclear family fit them well. There was the father usually in a three-piece suit, who went to work in the morning, carrying a briefcase, and the stay-at-home mother in a starched house-dress and a crispy apron, managing and taking care of the household. There were two rosy-cheeked, bright children, an older boy and a younger girl, eagerly going to school every day. They were the "Dick and Jane" family, depicted in the elementary school books, who always had a dog named Spot and a cat named Puff. The nuclear family was the one recognized as ideal and valid. Larger families and/or those extended families were frequently considered deviant. The ideology of the independent and rugged individualist discouraged the interdependence which was thought to be fostered by strong ties with the extended family. There is, of course, much more than this to be considered in viewing the concept of family historically, but in the interest of time, I am presenting it simplistically.

When the Committee of the White House Conference on Families tried to expand the concept of the family, there was a great deal of feuding about it. Various interest groups wanted to refer to it as the White House Conference on *the* Family. For most of them *the family* meant the small family -- parents and children, two or three -- living in the household. The Committee fortunately won the battle, and the conference was labeled "White House Conference on Families." We recognized that there are many types of families -- viable families. The family was never defined, *per se*, but it was recognized as being "any group of people, whether related by blood, by religion, by legal contracts, such as marriage or adoption, or by mutual consent of adults who choose to live together for economic, social or affectional reasons; or simply because they like each other and choose to live together as family, caring for each other and providing comfort and protection to each other. The family is, and has always been, just as individuals are in an on-going process of being and becoming. Society too, as stated, is also constantly changing and evolving.

But let us consider Mexican American families, the group with whom we are concerned today. We will review briefly in the interest of time their transitional accomodations and problems and focus specifically on those who are migrants. To understand Mexican American families, we have to view them from a historical perspective, keeping in mind that the Mexican families are primarily the product of the intermarriages of the Spaniards, who conquered Mexico, and the various Indian tribes who resided in the conquered territories, in the area called Mexico* by the Aztecs. The *Conquistadores*, *conquerors*, did not bring families, so they married Indian women. Initially, the marriages were not recognized by the church, and the children of these unions were not considered legitimate. As the Christianization of the Indians progressed, the marriages were acknowledged by the Church.

Even when Hispanic women and families came to Mexico, the intermarriages continued. The poor soldiers could not afford to bring their families, some had left none behind, and many preferred to marry Indian women whom they saw as less repressed sexually, as more loving, giving and caring. Some married Spanish men also had an Indian mistress or concubine, referred to in Spanish as "*La querida*." They liked these women for reasons mentioned. Most of them had children by these women, also. References were made to "*la casa grande*," "the big house" where the legitimate family lived and to "*la casa chica*," the small or little house, where the other family lived. *Mestizo* children, those of mixed parentage, were often not fully accepted, if at all, by either the Spaniards or the Indians. These children continued to be considered unacceptable, if not illegitimate, for a long time. Their baptismal records indicated what level of *sangre mestiza*, Indian and Spanish blood, they carried. As victims of racism, they were deprived of appropriate educational opportunities. Most of the Indians and the *Mestizos* were poor and suffered as victims of exploitation and exclusion, and experienced tremendous deprivation. The Spaniards created many other problems for the Indian families as well. For example, Indian men were often taken off to quasi-slave camps and did not have the opportunity to see their families often. Many died while there. Indian women were left alone to manage their households without any support except from their extended families who often were no better off than they.

Later the Spaniards brought Black slaves to Mexico because so many Indian men were dying of diseases brought by the Spaniards, or because of maltreatment. There were intermarriages between and among Indians, Spaniards, *Mestizos* and Blacks. Persons who were part Black were called *Mulattos* or *Sambos*. After the Mexican Independence, other white Europeans came to Mexico, and the intermarriages continued. Also, there were Oriental immigrants, primarily Chinese, who initially settled on the West Coast but now they reside in practically every state of Mexico. There were many who also intermarried. Granted that there are some pure white and some pure Indian Mexican people, but the majority of us are *Mestizos* to a greater or lesser degree.

The Spaniards also expanded their explorations to the North, settling in what is now California, New Mexico, Arizona, Texas, and other areas to the Northwest. Spaniards, Mexican Indians and *Mestizos*, who went on the expeditions, intermarried with American Indians, too.

The people who lived in Mexico were subjects of Spain. They were unhappy and started the War of Independence and finally won it in 1821, which is considered the birth of the Mexican nation. The government of Mexico changed a number of times after the Independence. France tried to take over Mexico. Maximillian ruled Mexico for a while. The situation was bad for most of the people, but primarily for those to the North who were distant from Mexico City. Texans were particularly unhappy and fought to secede from Mexico. Both Hispanic and Mexican settlers, and Anglo Americans who had been invited to settle in Texas to populate it, fought at the Alamo, contrary to popular belief. The battle *was not* between Americans and Mexicans, but rather between *Tejanos**, Texans, whoever they happened to be, and the *Mexicanos*, Mexicans. Texas became independent, and Texans later asked to join the United States. The United States government, attempting to protect American interest, sent troops to Mexico, and in 1848 as the Treaty of Guadalupe Hidalgo was signed, with a stroke of the pen, about one third of Mexico, what is now the Southwest United States, became American Territory, and the *Mestizos*, the *Mexicanos*, and Spaniards became Americans, They were assured that their culture and language would be respected, but the Mexican people were not truly accepted into the American society. Mexicans, the *Mestizos*, perhaps not so much the wealthy Spaniards, became victims of racism. Under the guise of American Ideology such as "Manifest Destiny" and the "White Man's Burden," they were excluded from education and employment. Even the American Catholic churches were segregated. And the Spaniards continued to exploit the Mexicans, too. Consequently, the only real support Mexican Americans had was that provided by their families which included not only blood relatives but also *compadres* (cofathers) and *comadres* (comother), friends, and even neighbors who became part of each others' support systems. The territory beyond Texas gradually became part of the United States as various areas were incorporated into the Union as different states.

---

* The Indian word for Texan was *Tejano* with a "j" which was later changed to an "x" by the Spaniards.

In a nutshell -- a tiny nut at that -- I have tried to put the history of Mexico and the Southwest of the United States to point to the fact that Mexican American families have been in transition for centuries. Even those who were Spanish, rich, perhaps members of the nobility, had to make marked changes, changes that were stressful, and that often created conflicts. Perhaps for the rich the changes due to transition were not as traumatic, but for those who were poor, who were not white, who were mestizos, transitions have not been easy. What is important to recognize, for our purposes today, is that the family, la familia, has enabled individuals, not only to cope, but actually to survive. Families were, have been, and continue to be, very important to us.

The other aspect that is necessary to highlight is the heterogeneity, not only among Mexican families, but among Mexican American families as well. Contrary to the stereotype of the patriarchal Mexican American family that we read about in the social science literature, there is tremendous diversity among us, both as individuals and as families. It is important to remember that usually stereotypes develop from actual situations, and therefore, in every group there are some who fit the stereotypes. The problem with stereotypes is that people from outside the group, and at times even some of those from within the group, make broad generalizations. This is particularly significant for us working with Mexican Americans, whether we, too, are Mexican Americans or not. We need to individualize each family we work with and each person within each family. For as the saying in Spanish goes, "Cada cabeza es un mundo!" "Each mind/head is a world unto its own."

It seems evident that to serve children effectively we need to serve Mexican American families well. We have to understand Mexican American families. To understand Mexican American families we have to view them from the historical perspective that we briefly outlined and also focus on those aspects unique to Mexican Americans -- the sociocultural factors that contribute to their uniqueness. Through the process of integrating family values from both the Indian and the Spanish cultures, individuals made some conscious valuations and selections, and others not so conscious. Mexican Indians, mainly the Aztecs and the Mayans, had a well established set of family values and a clearly defined family structure. It included the two spouses, the children, and often members of their extended families. The Indian families, regardless of socioeconomic status, were egalitarian. The Spanish families, on the other hand, were generally patriarchal and restrictive of the women. Yet there were certain levels of egalitarianism, where women could take initiatve and were able to run things, even if some did it by being manipulative. However, even these women found it necessary to consider las apariencias, appearances, which were so important, the women made it appear as if it were the men making all the decisions which they were carrying out. A few Mexican American women are still behaving in this way. No matter how bright or talented Hispanic women were, they were forbidden to enter universities or to pursue any careers. They could study music and other forms of art to a limited extent, and were expected to have skills in domestic arts. The only other alternative to marriage that Spanish young women who were wealthy and were of pure blood lineage had, was to enter the convent. Those Spanish families who were of lowersocioeconomic standing, managed somewhat differently, but they, too, kept up appearances. Widows and single older women often tutored, taught music, or became seamstresses.

In the days of the Spanish colonization most families lived in rural areas and had very few support systems. Some Spanish families had no relatives at all. It was important that they have a network for assistance, or at least for moral support. The system of compadrazgo, co-parenthood, a ritual kinship, was also important in providing an assistance network. Since adults often died relatively young, it was a comfort to parents to know that their children's godparents had a commitment to take care of them, in the event of the parents' demise. Many families also took in hijos de crianza or foster children. These were orphaned children of distant relatives, friends and neighbors who had no one else to look after them. This was mutually beneficial and rewarding. Some Mexican American families continue this practice.

But what about the process of acculturation of the Mexican Americans into the American culture? This transition is usually slow and often stressful. Most families, but particularly those who are poor, experience tremendous stress while they are attempting to change. There are at least two very important factors to consider when you are working with Mexican American families, and their children, the culture and the language which in reality helps to shape and define the culture. Understanding the level of acculturation and linguistic attainment of the people we work with is considered essential by some mental health practitioners. We need to understand where the family is in terms of the cultural continuum. Several scales have been developed which are very helpful in assessing acculturation. Padilla and associates in California, developed a linear one that can facilitate placing the individual, or the family, on the cultural continuum. Gomez, in San Antonio, Texas, developed one that contains four quardrants. Galan, in Houston, Texas formulated one in the shape of a sphere that helps determine, not only the person's self-identity, but also his or her knowledge and understanding of both the Mexican American and the American and the American cultures. According to Galan's research, the more undertanding a person has about both cultures. the more comfortable he or she is with his or her own self-definition; the better adjusted he or she appears to be. The reverse indicates that the person is "marginal" in terms of both cultures and may, therefore, have more serious problems. The more successful Mexican Americans appear to be those who feel very comfortable with their Mexican identity, and who have incorporated the American culture into their own ethos, in way that fits their needs. Often these are the ones who have had educational opportunities and speak both languages. Usually the professional people are among them. Again this explanation emphasizes the general character rather than specific detatils of a complicated process of assessment.

Simply speaking, when people come to the United States they expect things to be different. If they choose to come, they expect to make a certain degree of accommodation. In spite of the expectation, many Mexican families have experienced cultural shock, although not extreme, because they anticipated differences. The families which have immigrated into the United States which continue to live in isolation, that is, the older families and rural families, including those which have immigrated into the United States, retain much of their Mexican ethnicity and have very little integration into the American culture. Nonetheless, they live a bi-clutural experience. No matter how isolated they are, they are somewhat exposed to the American culture and gradually begin to incorporate some of the Anglo-Americans ways. If they cannot find tortillas de maiz, corn tortillas, they make tortillas de harina, flour tortillas, and somehow begin to accommodate to the new environment. As they become more comfortable with the American culture, they begin to incorporate and to integrate their Mexican values with the American values, in a way that is compatible with their way of thinking and believing. However, they do not change all aspects of their lives simultaneously.

A Mexican American woman, for instance, may very much like the view of women in the American culture. Perhaps she may be ready to change in terms of the values of being outwardly and openly assertive, of being somewhat independent, and of being liberal on issues of the family. Yet, in some other ways, she may not be able to give up some of her basic values. I am going to use myself as an example. For instance, I have been in the United States for fifty-five years; I am sixty-five now. I am married to an Anglo, and in many ways, as my father used to say, "Soy mas Americana que los Americanos," "I am more American than the Americans." But, there are some values that I have not been able to give up. On certain moral issues that call for certain behaviors, I behave more "Mexicana que los Mexicanos," more Mexican than the Mexicans. Those things I learned as a child have such affective meaning for me, that I have not been able to give them up.

Thus, in this sense, a couple may have cultural problems because one may be further along on the acculturation continuum than the other. He may not have changed very much or vice versa. In some ways they may agree, but on other crucial issues they may not -- that is what often causes conflict in the marriage and in the family generally. Also, some individuals and some families go through a value reassessment and are able to discard those values that are nonfunctional, or at least outmoded, and incorporate new, more compatible ones. Others, however, do not change or modify their values; they only change or modify the behavioral expression of those values. For instance, some may as of necessity live as nuclear families and are distant from their extended families. They are able, however, to keep in touch through the mail, over the telephone, and by planning visits over holidays.

Of course, there are many families who have been in the United States for generations; they may even be descendants of the ones who were here in 1848. Their acculturation experiences may be very different, but probably just as stressful. Many of them, because of the devastating experiences with racism that their ancestors had, may now be marginal people. On the other hand, some of their descendants are in the professions, and even in the political arena.

In terms of language, the process of becoming bilingual is somewhat similar to that of becoming bicultural, though by no means identical. Among us there are those that speak no English, others who speak no Spanish. Some speak both to a lesser or greater extent, depending on the educational experiences we had in Mexico and/or here. And there are those who speak a creolization of English and Spanish. There are numerous examples of the words and phrases which reflect a combination of the English and Spanish as "Hay te wacho." Many people who do not speak English do understand a great deal of it. Others who speak no Spanish understand it relatively well. Many parents who suffered so much in school because they were punished for speaking Spanish, or ridiculed for speaking English with a marked accent, were determined that their children would not suffer as they did. Accordingly, they started teaching their children English when they were infants. Many of these young people speak English almost exclusively. However, the Spanish language still has an impact on them because their parents often conceptualized in Spanish, even though they were speaking English. At times they made literal translations. Also, since some concepts are negative in one language and positive in the other, this affects what people think and believe when they think in one or the other language.

To illustrate further the importance of language for Mexican American children, let me point out, for instance, that the development of the superego is initiated in one's own primary language. Cursing in Spanish, or praying, for instance, have an affective meaning in the primary language that is not true in the other. A Spanish-speaking child who curses is reprimanded for doing it, so that even when his mother is not around he feels, he knows he is being naughty, or even bad, if he does it. If he learns curse words in English, he may know he is not supposed to do it, but he does not feel guilty about it.

Another aspect of bilingualism is that assumptions are made by those who are monolingual that the bilingual person has parallel vocabularies and that anything he or she says in Spanish he or she can say it in English, also. This is deceiving. At home what the Spanish-speaking children learn has to do with everyday life. In school they learn about geography, history and other subjects, and usually they are not able to translate all of that content into Spanish. Neither can they say most of what they learn at home, in English. Most of us who are bilingual have gaps in one or another vocabulary, for most of us do not have considerable formal education in Spanish. Finally, there is also the problem of differences in spoken Spanish among us. There are regional differences in Spanish, depending on where the person and/or his ancestors came from, and where the person now lives. There has been an archaic type of Spanish spoken by those in the states of New Mexico and Arizona, for example, that was brought there by the original settlers. They use such words as vide, I saw, truje, I brought, and estafeta, post office. This aspect is similar to that of the use of archaic English by the people who live in the Appalachians. Often professionals go to Mexico or even Spain to learn Spanish and are surprised when they return that they are still unable to communicate with their Spanish-speaking clients. Non-Spanish speaking practitioners need to keep this in mind. Those in mental health often label some of these clients as being uncooperative or resistive because they fail to recognize the linguistic situation, the lack of parallel vocabularies.

Both in terms, of cultural values and language, practitioners need to recognize that persons who are comfortably bilingual and/or bicultural may regress when under stress and may tend to cling to those aspects of language and/or culture that were meaningful and satisfying to them. Also, some people behave as they do, not because of their cultural values, but because they are poor and lack alternatives. For example, poor women have always worked even though the cultural value may be that she stay home. This is particularly true of migrant workers. Both spouses have to work. The husband is not able to adhere to the cultural value. He does not get up and say, "I am proud, que soy muy macho, and I have to support my family." He needs the family to work alongside with him. By the same token, she needs to help him maintain his self-esteem, to support his ego. She continues to carry the burden of cooking and washing and doing everything else that needs to be done. There is a certain mutuality about the arrangement, and he may want to help her with the chores. But problems emerge when they travel in a group. Others may ridicule him saying that his wife bosses him, that he is a mujeringo -- one who behaves as a woman. The teasing may be so intense that even though in full conscience he wants to help her, he may not be able to do it. Both spouses, all the family actually, have to learn to cope with the stresses that come from outside the family as well as those from within. They have to live with the group and work with the group, and they try to do the best they can.

There are many stressful problems that Mexican American migrants have to deal with. Since they are indistinguishable from mexican workers who have undocumented immigration status in this country, they are subject to searches, attacks, and a great deal of discrimination. The "big farmers" in the Agri-Business want the migrants; they need them, but consider their presence a necessary evil. Migrants suffer stress when they are in other states which do not want them and which consider them "foreigners" within their own country. Their youngsters are not always given educational opportunities, and since "the crops" do not coincide with the school year, they are in school only part of the year. These are truly families in transition. They have to keep moving. They are constantly beset with uncertainties -- crop failures for instance, and are consistently victims of consistently victims of exploitation. All of these problems have to be dealt with, along with the struggle with the issues of bilingualism and biculturalism. The pressure becomes so great that sometimes violence erupts within the family. Mexican American women are particularly vulnerable because of the double bind in which they are placed, of not only having to protect their husbands, but also fulfilling the role of the primary disciplinarian in the family. As primary disciplimarians, they may repond to the cultural mandate, "El mejor querer es el no consentir," the best love is that which avoids spoiling lover indulging children, with being overly strict with their children, and coupled with stress, this discipline may become abusive. The amazing thing is that not all these families experience violence.

An aspect of research that is urgently needed is the identification of the factors, the strengths that keep families who appear to have identical experiences and live in similar circumstances, from becoming abusive. If we could identify those strengths, those coping mechanisms, maybe we could help the abusive families develop them, and teach them to those who are potentially abusive. We do need to find out why all those families who suffer similar stresses do not become abusive ones. We need to practice prevention.

* The name Mejico, used by the Spaniards, was how the Indian word sounded to their Spanish-trained ear.

THE ADJUSTMENT OF THE MEXICAN FAMILY INTO THE MEXICAN AMERICAN BARRIO AND VICE VERSA

Edmundo Ruiz, M.D.
Psychiatrist
Laredo, Texas

I would like to begin my presentation by quoting some statements that I made in a paper that I wrote entitled "Legal and Illegal Immigrants: A Family Shock." In it I say:

> "I know where I was born
> but not where I will die."

And also from an old song which I have translated:

> "I will take my pilgrim's cane
> and very lonely, I will walk the trail
> I do not care if on it
> of sorrow I might die,
> To blame, you are not the one,
> it is the destiny."

Why do people immigrate? Usually, we are made to believe it is a mistake to assume that the grass is greener on the other side of the fence. But what happens when it really is? The cows have known that for years, stretching their necks through the barbed wire, enduring the pain inflicted by the barbs, and finding out that in many instances, it was not really an illusion–It is greener, and not stomped; however, it is also unfortuante to find, as Claude Brown wrote in *Manchild In The Promised Land* that men search for jobs, freedom, democracy, more structurized discipline, righteousness of law, equal opportunities, decent housing for themselves and the children, not knowing that what they will find is slums, corruption, and hate.

Still, migrating or immigrating is an act of the living; only the inert matter remains immobile. Even the tree, whose roots are strongly attached to the ground has its trunk, branches, and leaves migrating toward the sunlight and the breeze–Birds migrate toward the safest shelters, and away from where the means of subsistance become scarce in their area. So man, in his attempt to survive, resorts to venturing in search of a means of survival.

Some migrate and leave cheerfully; but there are also those who feel forced to leave because of the lack of work in their own place, the absence of a positive future prospect, and/or the absolute need to support the family. Some might entertain dreams, unrealistic and rosy dreams, about the new place in which they are going to live, and most of the times, these are among the ones who become most disenchanted and more prone to suffer from bitter depression when confronted with the reality of the new situation, knowing that they have left behind the family, language, and culture. And even though they might feel very ready, even eager to leave, their whole frame of reference is undergoing a shock.

Allow me now, to go down to a more specific situation: the Mexican moving into the Mexican American "*barrio*"; the Mexican American response to the invasion of Mexicans into their "*barrio*." I have already mentioned the most prevalent reason for the Mexican immigrating, mainly to better themselves. The suffering endured prior to even contemplating the idea of moving away is going to be, at times, increased by the complicated bureaucratic intricacies of getting all the necessary papers to initiate any action. Days of hope pass, days of disappointment, days in which the fantasy flies - - seeing the children in a better world, the wife with all her household tasks fulfilled, and a house and a garden, as you have seen so many times in the pictures and magazines, etc. There is no thought that people might be somewhat different - - after all, they are going to live with their own kind, of the same culture and language; or with their relatives.

So what could be the problem? No problem. Everything seems to be filled with enthusiasm about their new place, a new home - - It sounds like heaven. The separation anxiety finds it hard to penetrate their skin; the expectation has created a strong barrier very hard to penetrate. I do not want to tire you enumerating all the vicissitudes of the process of getting the documentation, "*Los Papeles*," ready. Everybody talks about "*arreglar los* papeles," too much hassle with the "migra," border patrol; it reaches the point of saying, "Let's get ready and let's go!", "Vamonos!"

The separation anxiety might differ among the ones who leave without their family, the ones who stay, and the ones who leave with their whole family together, each member sharing and supporting one another. Still, there are always other things left behind that are going to be missed, mainly the security of the old supports, the old ways, the home, the extended family, job and friends, regardless of how little that support might be.

Having the family along, as it happens for some, does not mean that that will be the end of the problems; sometimes it happens quite the contrary. As time goes by, their children begin to grow up and through their associations and education, they become fluent in a language that their parents do not even grasp; this might make the parents feel distant from their children, emotionally, and psychologically. In some instances, they cannot even talk to each other, much less transmit the traditional values which the parents so strongly wish to retain.

The person who leaves his place might wonder what will happen during his absence, and the one who stays wonders what he will do while the other is away. Some do not intend to stay too long, just long enough to "earn money" and later return home to set up a small business for themselves or buy a small farm. And sometimes they do just that; they go back home. However, some of those who want to return home have gotten used to a different kind of life and values, or their children have adjusted to the new culture; thus, they find it hard to leave the United States, and finally end up deciding to stay.

Coming back to the discussion of people who are ready and moving into the "barrio" without even thinking about the possibility of suffering from their sudden transplant into a different cultural environment: Why should they? - - After all, they are moving into the "barrio" thinking that the culture shock only affects those who are from another continent, or race. Later, they realize that it can also happen when moving to another region within our borders, or moving just a few miles away from home.

Not too long after the immigrants' arrival to their new place, one shock follows another. And just to feel a little more comfortable, they might try to preserve their balance by looking for those same compatriots already established, clinging to them, following them wherever they go, or copying whatever they see them doing. They still have to cope with a completely or a somewhat different foreign environment. Simple things become rather difficult.

How do you work? How do you buy your necessities? How do you find your way, how do you get around if you cannot even speack the language? Those close to them become more necessary, even those who barely speak the language themselves. Somehow they can manage and they understand all that is needed.

Eating strange foods which are so unfamiliar; feeling low and threatened; having no social contact; and most of all, a feeling of being "alone" growing inside are common experiences of recent immigrants. This lack or deprivation of social stimulus might cause them to develop abnormal states of anxiety or depression.

In seeking the "barrio," they seem to be looking to preserve what they are, so they seek others who are from their region of origin, so they can feel comfortable again. If they do not achieve this, they begin to glamorize the life they left behind..

Some are fascinated by the new experience, and everything "se ve color de rosa," looks rose colored. This is due mainly to the fact that they are not really part of anything yet; they are not committed, and they are not really living under the standards of the new culture.

This is the reason why, when you look at the Mexican immigrant, some appear happy, and some sad. For some, when the glow of the newness, "La Novedad", or as it is frequently said, once the honeymoon is over and they face the facts of the everyday living, the difference of the culture and the behavior of the people around them becomes more evident, and begins to show. This at times makes for frustration and anger and makes the new cultural way unacceptable. The worst part of all these elements is that sometimes they begin to blame "The Others," the ones already there, as the cause of their problem. They do not seem to accept standards and values other than those which they have learned throughout their whole life, those which have guided their behavior and reactions.

But, let us all face it. We are different regardless of the similarities of our background; we all have been exposed to a great variety of lives, ideas and philosophies, to which we had to adjust. Although the language is Spanish, words are different or have, at times, different meanings - - it is not just a matter of good or bad Spanish, but also a matter of old or regional. Discipline is implemented differently, and whether it is wanted or not, the surrounding influence has affected the people who live in the "barrio." The newly arrived children, after a few months, seem to become more and more involved with other children, and because of this the parents seem to be very much left alone.

The newcomers find that housing is different, and since the neighbors are also different, sometimes it is hard to find persons with the same interests and attitudes. They find themselves not knowing how to act, what to say, or how others will interact with them. Some move back to their hometown, unable to cope with the new environment, finding that it was a very expensive experience in terms of the culture shock.

Those who have decided to stay have had to consider that establishing relationships is a two-way process: the one who comes is very likely to judge, guided by his own biases, and the same goes for the recipient, or the host, the willing or unwilling host.

Consideration should be given to the disruption that might also be caused to the previous balance or homeostasis. Somehow, the intrusion of the newcomer threatens the host. and of course, this should explain, at times, the adverse reaction of the host. After all, they have to defend their own security, and all of this may be more significant for those whose own security and stability is not quite as firm and dependable. On occasion, the people who have come are not the unskilled workers, but the well-qualified. Unfortunately, in both cases, the kind of recibimiento, reception, they get, or whether they will pose a threat to the natives, will depend upon the place where they are going to live and the presence or absence of fear in whomever they are going to displace. This might go back to the meaning of territories; each human being needs to have it, and to have it, sometimes you have to fight for it.

When people do not share the same standards and values, what really does happen? How many times are people unaware that their own cultural self might be distorting their view of the other culture or ways of living, and end up blaming the others as the source of their problem? This applies, as well, to the other person or persons from the other culture which is being perceived. I do know that it is not an easy task to overcome this cross-cultural interaction, because most of our culture and behavior is hidden in our unconscious. Many times we are unaware of and seldom have the need to question why we act the way we do; why we hold the values we have; or why certain things are wrong, and other things are right. Perhaps we should learn more about ourselves, and by doing this, we will not only learn more about ourselves, but we might get some real insight into other people's behavior; instead of trying to change the people into our own image, fighting for it endlessly, putting distances between them, or sending everybody back to where they came from, which might cause us to run the risk of having to leave together.

My main purpose in making reference to all of the preceding is to try to convey to you the idea of the consequences for the troubled family or families as a result of their unhappy lives and the potential that this circumstance has for causing child abuse and neglect, which takes many forms. The likelihood of child abuse and neglect occurring, increases in families which are living under great stresses, either financial difficulties, marital discord, social isolation, or poor health.

I would also like to convey the idea that old fashion concern for neighbors could go a long way toward helping families cope with the modern stresses—stresses that might, unfortunately, precipitate, or relate to, child abuse and neglect.

In order to accomplish a good and positive framework for the understanding and acceptance of each other, we have to carefully search for ways to co-exist harmoniously, both the newcomers and the local people. One way might be to look into our own commonalities instead of our differences. To reach these, communication is the first step: let us realize that even if we have some differences, we can still use them positively. This will require further conversation, observation and analysis, so do not expect to work out the differences easily and quickly.

Remember, that the more we learn about ourselves and the others in new surroundings, the more comfortable we will become. You might at least have a better understanding of why people behave the way they do. This knowledge should make us more tolerant. The tension will be reduced, and so will the culture shock. It is true that there are some cultures in which one might never achieve a comfortable level, but the attempt to understand another person's culture can enrich us by expanding our view of the world. All of this might make the difference between making a disastrous life, or a delightful life, for someone building a new home.

And since we are already here—we were given the grace to be alive, for how long, we do not know. Why don't we make this life as pleasant as our intelligence may help us to make it? If we all put our hearts into it, and give our concern and care as human beings, we can enjoy life together.

Life

Life's made for living,
and giving and sharing,
knowing and showing,
and daring and caring,
Life's made for doing,
pursuing of dreams,
sowing and growing,
whatever the means.

Revealing and feeling,
and finding that you
must learn how to take it,
to make it come true.
Along with its ups, in
spite of its downs,
Life's made for losses,
and crosses and crowns.

Grace E. Easley

Small Steps

Do not despair, that you cannot change
the world in a day or two.
Instead, just give the very best
in the little things you do.
Then you will find in days to come
when taken all together,
These little steps did change and make
the world a little better.

Thomas C. Gallagher

THE EFFECTS OF SEXUAL ASSAULT ON THE MEXICAN AMERICAN WOMAN, HER FAMILY, AND THE COMMUNITY

Maria S. Rammos, M.S.W.
Rape Crisis Unit
El Paso Center for Mental Health
and Retardation Services
El Paso, Texas

Very little has been said in the literature in reference to the issue of sexual assault and the various cultural factors that are so crucial to the manner in which victims respond to the crisis. As professionals given to combatting sexual assault these issues should be of major concern.

Much of what will be discussed in the following paper is based on information gathered from two and a half years of working with sexual assault victims in El Paso, Texas. The paper will focus on the Mexican American woman, her family, the community, and the special needs of these victims. It is important to remember that because El Paso is a border town (its neighbor being Ciudad Juarez, Chihuahua, Mexico), its population greatly varies in the degree and type of acculturation to the Mexican and American culture. Victims to whom outreach has been provided have ranged from those with low to moderate levels of acculturation to the highly acculturated Mexican American.

The Rape Crisis Unit of the El Paso Center for Mental Health and Retardation Services provides counseling services to victims of rape, attempted rape, and incest, and children who have been sexually abused.

It serves a population of approximately 450,000. Fifty-eight percent of El Paso's population is Mexican American. Since January of 1980 to August of 1982, the El Paso Rape Crisis Unit has provided services to 649 victims of sexual assaults. From this total number, 296 were Mexican Americans, and 28 were Mexican nationals living here in the United States. Over half of these victims were children and adolescents (1 yr. - 17 yrs.)

The number of Mexican American women reporting sexual assault has increased throughout the years. One of the reasons we at Rape Crisis feel that this has happened is that more outreach has been focused on the Mexican American community. One of our primary concerns in working with the Mexican American victim is that of underreporting.

Mexican American sexual assault victims tend to treat rape and other sexual assaults as internal problems that are handled by la familia, the family. The Mexican American turns to the family for help in solving problems, and they strongly believe they are responsible for protecting and caring for each other. Many Mexican Americans feel that personal crises should not be dealt with outside the family.

The underutilization of mental health, medical, and legal institutions by the Mexican American is a problem that has been documented in research literature, and it is a problem that we as professionals need to address. A study done by Castro and Miranda (1977) which tested the relationship between the clients' level of acculturation, length of acculturation, and length of stay in psycotherapy provided support for the contention that differential cultural expectations frequently underlie the inability of the Spanish speaking to utilize traditional mental health services successfully. According to Castro and Miranda, a situation where the clients cannot actualize their cultural needs and at the same time are forced to discuss emotional problems in an unfamiliar manner precipitates feelings of personal inadequacy and eventual termination of therapy. They further state that in counseling with the Hispanic individual, the development of an effective client-therapist relationship requires the dual ability of understanding the clients' cultural situation and the mental processes associated with it. Ultimately, the greatest therapeutic gain will take place in a setting where cultural and societal variables consistent with the clients' reality and sense of self-worth are utilized.

Culture is basic to the structuring of life experiences and to the perception and interpretation to ourselves of the reality we encounter (Lee, 1950). Basically, it provides the guidelines for governing our behavior. It is a key to understanding why we think, feel, and behave the way we do. In order to understand the basis for action, and more specifically, the Hispanic victims' response to the rape trauma, we need to understand how she views her place in the universe, and how she relates to her significant others, to her past, to her future, and to hereself. Each culture will structure her place in the universe differently (Fuller, 1976).

The reactions of Mexican American victims who have come to our program have been consistent with their cultural heritage and the value systems associated with it. The Mexican American family accepts the rape of one of its members, "with grave insult and suffering" (Quinones, 1980). The crime drastically affects the family. The shame and embarrassment brought by the sexual assault is shared by all. Males in the family are expected to actively seek out the retribution of the perpetrator, while women respond with religious activity aimed at making atonement for their sinful nature.

Through our work with victims and their families, we have seen this over and over again. One example is a case of a 36 year-old Mexican American woman who was raped and who suffered several slashes to her hands, as she tried to defend herself in her home from a 19 year-old rapist. When her family learned of what had happened they all came together to give her emotional support and protect her from any further harm. Her brothers came from Los Angeles, California, Odessa, Texas, and Mexico and began looking for her attacker. When the identity of the attacker was learned, the neighborhood also gave her emotional support and began spreading the word that the attacker was also from the neighborhood and a threat to other mothers, sisters, and wives. The attacker's family is now selling their home and not bailing him out of jail. He is safer locked up, than out in the community.

For the victim the act of rape may be viewed as a judgment of God for sins of impurity, be they in thought or in action. To the Mexican American man the violation of his woman, be she sister, mother, daughter, or wife, represents the ultimate assault upon his manhood. When the rapist strikes, he not only strips a woman of the dignity and purity she must of necessity possess as a daughter of her divine Mother the Virgin Mary, but he also challenges the very heart of another man's identity and sense of self-worth. Many men feel they have lost that control they so much want for their family and their homes. Because of this threat, many Mexican American families keep female members close to the safety of their homes (Quinones, 1980). As in the example previously mentioned, the family tries so desperately to regain control. The anger and frustration seem to be more intense when the attack takes place inside their own homes.

Historically, the Catholic Church has played an important role in the lives of the Mexican people. The Catholic Church has held rigid beliefs concerning male and female roles. Women have been entrenched in the roles of wife and mother largely as a result of the glorification of womanhood in the image of the Virgin Mary (Quinones, 1980). The ideal Mexican woman is supposedly motherly, self-sacrificing, passive, submissive, and dominated by men. Ironically, she is taught that the truly virtuous woman would rather suffer death and mutilation than be taken forcibly. A classic example of this was the cannonization of St. Maria Goretti in 1950, who at the age of twelve was stabbed to death at the hands of a would be rapist, rather than lose her virginity. As legend has it she died pardoning her murderer and praying for his conversion, which she obtained.

The majority of the rape victims who have been badly beaten here in the El Paso area are Mexican American women. They often express, through the counseling sessions, that nothing worse could have happened and that they would rather be dead. These feelings are stronger in the Mexican American woman who loses her virginity in the attack. They feel dirty, worthless -- and that no man would ever think of marrying them. Many times families also make the woman feel this way by asking the doctor who has performed the examination if he can give them some kind of document stating that the young girl or woman lost her virginity through rape.

The sexual aspect of the crime is continuously brought out as the victim's primary concern. The married woman fears losing her husband. She feels that she has dealt a severe blow to her husband's pride because of the rape, since what was once his alone has been taken by another. She may feel that her husband will no longer want to make love to her.

It is also common for the Mexican American woman to feel that fighting her attacker proves to her family that in no way did she want or ask to be raped. Several of the victims who did fight were very proud that they had done so, even if it meant getting beaten to the point of death. An example of this was a young 17 year-old Mexican American girl who was forced into a car by three males, raped, beaten, and stabbed by all three men. Throughout the attack she hit the men and kept struggling to get away. The more she hit them, the more they kept hitting her. At one point she said to these men, "You might as well finish the job and kill me, because I will not stay quiet about this if I live." The men then proceeded to stab her, each taking turns. Over forty stab wounds were found on her body. When she was found in a cotton field, the homocide unit responded to the call, and to everyone's surprise, the young girl was alive. She survived her attack and gave the detectives the identity of her attackers. Throughout the counseling she expressed how proud she was that she fought all the way. Then she said that there were times she would rather be dead because of the rape and the loss of her virginity.

It is no surprise to see why many of our Mexican women get beaten by their attackers. They do not understand that many times this only feeds into the rapist's anger and need to dominate and humiliate her. Rape is believed to be a punishment for such behavior, and therefore, victims are only getting whatever they deserve.

The sexual aspect of the rape is extremely difficult for the Mexican American woman to discuss. Frequently, any attempt to discuss feelings in the counseling sessions will bring on several somatic complaints instead. In the older Mexican American women we find it much harder to get them to discuss what exactly took place. A common response is "Me hizo cosas horribles," "He did horrible things to me," and asking them to explain much more explicitly than that, often causes a great deal of humiliation and intimidation. As a result, police and medical staff often feel that the victim is uncooperative and may even doubt her story. To coerce her into relating the events of the evening in explicit detail would be, in essence, to rape her again.

As counselors, it is important to remember the Mexican Americans' culture and how it can affect the way they respond to the rape crisis. It is important that trust be established between counselors and clients. Ruckman and Choca (1979) have detailed an initial therapist style which is likely to be maximally sensitive to the culturally diverse Southwest population. As a counselor, one needs to give much consideration to factors such as voice tone, handshake, distance, and touching. The ambiente, atmosphere, and personalismo, personalism, are very important. One needs to relate to the client in a warm and personal way. Studies have shown that non-verbal behavior can be an important behavior in welcoming and assessing the Mexican American client.

In our work with Mexican Americans, we take a very different approach. Many of our counseling sessions are done in their homes. We have noticed that more is brought out in that atmosphere than in an office where everything is so strange and scary for them. Many times the visits consist of just talking over a cup of coffee in the morning. This personalismo opens the communication and trust between the victim and the counselor. Home visits seem to be even more important to young children. After a few visits, they then become anxious and curious to visit our office and see where we work. By this time a trust has been established between the child and the counselor, and more important, the family has begun to trust the counselor with their child. Sometimes the sharing of personal information with the client also establishes that personalismo that we feel is important. For example, several times a client will ask if I am married. I respond by showing them pictures of my family that I have in my office or that I carry in my wallet. To share with them something of yourself, many times opens up their sharing of themselves.

Language is also very important. The Rape Crisis Unit of El Paso gives services to many Spanish-speaking families. We are very lucky in our program because the majority of the staff and volunteers speak Spanish. We have found that even when many of the Mexican American victims speak both English and Spanish, they feel more comfortable talking to us in Spanish.

An example of the way a client uses the language in a client-counselor relationship is that of a 35 year-old Mexican American woman who was raped and badly injured as a result from the attack. On a visit that we made to her home, she treated the two Rape Crisis Counselors very differently. Both of the counselors were bilingual, but when she addressed the counselor that she did not know very well, she would speak English. When she talked to the other who she was familiar with she would speak Spanish; once she began to trust the second counselor, she then switched to Spanish. This type of response to strangers is common. The Mexican American victim will be formal and hold back in her communication.

In closing, care must be taken to avoid stereotyping of the Mexican American people. One has to realize that although these generalizations may ordinarily be applicable to most members of a group, it cannot be assumed to be true of everyone. Each individual will respond to a given crisis in an individual manner. Factors like geographic location, level of acculturation, age, education, and personality will have some bearing upon the extent with which these generalizations hold true. More than groups or members of groups, we are dealing with a culture and its effect upon personality, and a crisis common to all nations and all peoples: the rape trauma. It is crucial that we as professionals understand this trauma and its effect on the Mexican American victim, her family, and her community. Once this is achieved these victims can be better helped through the rape crisis.

Bibiliography

Acosta, Frank. "Ethnic Variables in Psychotherapy." Chicano Psychology. New York: Academic Press, 1977.

Castro, F., and Miranda, M. "Culture Distance and Success in Psychotherapy with Spanish-speaking Clients." Chicano Psychology. New York: Academic Press, Inc., 1977.

Fuller, J. An Examination of the Effect of Cultural and Class Differences of Counselor and Client. Thesis: University of Texas at El Paso, 1976.

Lee, Dorothy. "Some Implications of Culture for Inter-personal Relations." Social Casework, XXVIII, November, 1950.

Martin, Patricia Preciado, (ed.). La Frontera Perspective: Providing Mental Health Services to Mexican-Americans. La Frontera Center, Inc., 1979.

Quinones, Sylvia. "Rape Within the Hispanic Family Units." Paper submitted to the National Hispanic Feminist Conference for publication under the Office of Education.

Senour, Maria N. "psychology of the Chicana," Chicano Psychology. New York: Academic, Inc., 1977.

II.

RESEARCH EFFORTS IN CHILD ABUSE AND NEGLECT IN THE MEXICAN AMERICAN COMMUNITY

CHILD ABUSE IN THE MINORITY COMMUNITY: SOME OBSERVATIONS

Adalberto Aguirre, Jr., Ph.D.
Department of Sociology
University of California at Riverside

In the ordering of social relationships within society some people will find themselves in a marginal position to such ordering. The occupation of a marginal position by a person creates an environment in which he will encounter obstacles in everyday social activities and will experience much more victimization than other persons in those activities. Prime examples of persons that find themselves in a marginal social position are minorities, women, the elderly, and the young. For instance, in their pursuit of educational and occupational opportunity, minorities and women encounter general obstacles, not experienced by white males, that are attributed to their personal features; the elderly face a hostile social environment that shuns them for not being productive as economic actors; and the young are victimized for being costly and troublesome to the maintenance of social order. While the general belief in society is that socially marginal persons are a burden on the social order, it is a social fact that marginal persons are functional in the maintenance of invidious distinctions in the distribution of social benefits.

The focus of this essay is on one aspect of social victimization--child abuse. Child abuse falls under the general category of "victimization" because (1) its occurence in society is determined by social forces not associated with the features of childhood or its meaning, and (2) it is an opportunistic social action against a powerless and defenseless person in an adult world. Casual observation of social activity in everyday life reveals that children are most often abused because they are accessible as objects for the expression of stress, they are not capable of defending themselves effectively in an adult world, and actions against them by adults are not regarded as meaningful as adult action against another adult. Thus, as marginal participants in an adult world, with few avenues for social representation and appeal, children are subject to high levels of victimization.

Secondly, the specific focus of this essay is on a contrastive analysis of child abuse in minority and non-minority families. The purpose for undertaking a contrastive analysis is to uncover general principles regarding the social dimensions of child abuse and its relationship to specific social characteristics, such as social marginality. The identification of general principles is also necessary for the explication of a model from which will spring a coherent body of ideas. The formulation of these ideas within a context-specific framework will, in turn, aid in unraveling the degree of consistency in cognitive formulations of child abuse. Regarding the formulation of social policy, the development of general principles from a main body of ideas, coupled with detailed knowledge of the social aspects of behavior, increases the chances that more confident decision-making will be possible.

A Clarification

It is a general social fact that minorities in American society are marginal, relatively powerless, and subject to undue victimization in some areas of social life more than in others. Within American society there is also that social myth that child abuse is a problem of the poor and the socially disadvantaged or the socially marginal, despite the fact that child abuse has been documented at all socioeconomic levels (Pelton, 1978; McNesse and Hebler, 1977). It is important then that the presence of child abuse in the minority community not be regarded as a characteristic of the population, nor as a pathological feature of community members. Instead, we suggest that the marginal status and social position minorities generally occupy in American society makes their actions much more visible than if they were lumped into mainstream society.

Child abuse in poor families and minority families, for example, is reported more often than child abuse in white middleclass families because the former tend to be the clients of welfare agencies, municipal hospitals, and out-patient clinics, whereas, the latter tend to have access to personalized and private health services. As such, the lives of poor and minority persons are open to a greater degree of public scrutiny. In addition, the social characteristics of being poor or minority (such as poor housing, employment status) increase the chances that such public scrutiny will be to their disadvantage. In a sense, poor persons and minority persons enjoy little privacy in a society that depends on publicizing their actions in order to legitimate their continued marginal status.

26

A Comparative Review

A survey of the literature in the area of child abuse was conducted in order to examine the general features of minority and non-minority child abuse. The small number of comparative studies that were uncovered are briefly presented below.

Hartley (1969) discusses 20 physically abused children treated at the University of Texas Medical Branch that were studied in order to determine patient and family characteristics which indicate a susceptibility to abuse. The principal findings Hartley presents are: (1) while a family's socioeconomic level is not a factor in child abuse, deviations from the typical nuclear family, such as a single parent or a step-parent, are; (2) abused children are most likely to be under three years of age and to be the offspring of a bi-racial marriage; and (3) white females and black males are abused most often.

Wight (1969) discusses findings from a one-year longitudinal study of 77 cases of infant accidents resulting from physical collision with the environment. The study attempted to determine whether characteristics of family background, of the mother's capacity to supervise the child, of the infant's temperament, and of the mother-child relationship could differentiate between accidents in which the child played an active role (such as crawling and subsequently colliding with a piece of furniture) versus accidents in which the child played a passive role (such as being struck or dropped by a parent or struck by an object in the home environment). The principal findings of the study were: (a) families of infants sustaining child passive injuries were clearly disadvantaged - - they were predominantly non-white, had low socioeconomic status, little education, and few supportive sources available to them; and (b) in contrast, families of infants sustaining child-active injuries were predominantly white, possessed more education, exhibited a better capacity to supervise children, and were experiencing less stress. It must be noted that Wight's analysis is child-centered, rather than parent-centered, regarding abuse.)

Chapa, et al. (1978) conducted research designed to gather data on families known to have a parent who was an alcohol abuser, drug abuser, child abuser, or child neglector. Data was gathered on both Anglo and Mexican American families. The major hypothesis of the study was that a positive relationship existed between the abuse of alcohol or other drugs and the abuse or neglect of children. Some of the principal findings were: (a) alcohol was found to be more of a problem than drugs among child abusers, with no significant difference between Anglos and Mexican Americans; and (b) differences between Mexican American and Anglo child abuse were closely associated with certain stress factors–mate compatibility, employment status, and amount of time spent with children.

Buriel, et al. (1979) conducted a study to determine if there were significant variations in the number of Anglos and Mexican Americans referred for child abuse and neglect by official public agencies and community sources, such as family and friends. The study dealt only with the source of initial referral or complaint in order to investigate possible ethnic variations in child abuse and neglect reporting patterns. Principal results of the study were: (1) compared with Anglos, Mexican Americans were referred for child abuse and neglect more often by professional public agencies and less often by nonprofessional community sources; (2) school personnel referred significantly more Mexican Americans than Anglos for child abuse and neglect; (3) Anglos were referred by neighbors and friends significantly more often than Mexican Americans; (4) there is a trend for Anglos, more than for Mexican Americans, to be referred by anonymous community sources; and (5) there is not a significant difference between Anglos and Mexican Americans in the number of child abuse and neglect referrals initiated by a family member.

Finally, in an essay that focuses on the pathology of child abuse, Weston (1974) presents some data that contrast minority and non-minority child abuse. The major features of this contrastive analysis are: (1) older non-white females and younger white males are abused more often; (2) white abused children tend to be older, while non-white abused children are evenly distributed across age levels; (3) regardless of race, males are abused more often than females; and (4) father are more often the abusers of white children, whereas, mothers are more often the abusers of non-white children.

Contrast

What do these studies say then about minority and non-minority child abuse? Perhaps the most effective means by which one can make some general observations regarding minority child abuse is by contrasting it with a specific set of established findings regarding child abuse in general (See: Eskin and Kravitz, 1980). For instance:

1. Most studies of child abuse indicate that the majority of victims are infants and younger children (Baldwin, 1975). The studies by Hartley and Weston seem to point out that this is a pattern in minority child abuse cases. Weston's data also shows that more non-white females tend to be abused the older they get than either non-white males or white males and females.

2. Most child abuse research reports that boys are more often abused than girls (O'Neill, 1973). While Hartley suggests that this is the case, regardless of race, his specific results, along with those of Weston, suggest that age may be an intervening variable affecting the role a person's sex plays in being abused.
3. Mothers abuse more frequently than fathers (Steele and Pollock, 1974). Weston presents data demonstrating that parental roles in child abuse are affected by the parent's race . The study by Chapa, et al., however, shows that ethnicity is not a factor in determining which parent will be the abuser.

As a general observation, those factors separating minority from non-minority child abuse may be generated by social forces that are principal features of participation in American society. The findings of Buriel, et al. (1979), for example, suggest that Mexican Americans are referred more often for child abuse to public agencies because of their marginal status in American society. One may suspect that the majority of minority subjects in the studies reviewed above were those that were referrals to public agencies and/or participants in public assistance programs concerned with the re-education of abusing parents. This, however, only permits one to observe the context in which minority and non-minority child abuse occur, and not the specific social forces that set them apart.

Rather than isolating differences to observe how minority and non-minority child abuse contrast, one may use their comparative features to examine what they say about the family as a social unit. For instance, the finding that fathers are more often the abusers of white children and mothers are more often the abusers of non-white children (Weston, 1974), may be indicative of (a) power relations in the family over children, e.g., fathers in non-minority families and mothers in minority families; or (b) a reflection of stress, e.g., non-minority males and minority females may be experiencing a greater amount of stress, compared with their spouses, that manifests itself in a parent's relationship with children. The structured social relationships minority persons and non-minority persons enjoy in everyday life will have an effect on activities aimed at collective self-definition (i.e., family roles and obligations). Those effects will be expressed as negative sanctions against those relatively powerless in the family (e.g., children). Thus, if a parent experiences repression and exploitation, as is quite likely in a highly institutional environment, then it is quite possible that that experience will be transformed into and expressed as negative actions against children. Also, in a large number of cases, that experience is expressed against a spouse of a husband in what is referred to as "wife-battering."

From a behavioral point of view, by depriving difference of distinction we are forcing ourselves to examine whether the context in which child abuse occurs generates differences or whether differences generate conflicting explanations for the same context. As long as social differences are employed by persons in everyday life to interpret behavior and performance, the distinction will be conferred upon difference. It is, however, the conferring of distinction upon difference that generates conflicting explanations for the same thing. As a result, what is different is not understood, but rather how it is distinct. In the end, distinction is just a social force separate from the activity that is purported to manifest differences. For example, minority child abuse may be different from non-minority child abuse, but not necessarily distinct. We would expect minority child abuse to be different from non-minority child abuse because of the social forces each context generates, but these social forces may not be distinct enough from each other to separate minority from non-minority child abuse.

Overview

Based upon the contrastive approach employed in this essay, let me propose the following as important issues for further study:

1. There is a definite need for comparative studies examining child abuse in minority and non-minority families. A set of comparative studies needs to be developed that will examine child abuse as a cumulative process -- that is, as a social phenomenon linked to incremental social forces and personalities. As such, what is regarded as "child abuse" will undergo a process of strict definition and will engender cognitive comparisons focused on the role one's relationship to a social system plays in child abuse. Regarding the treatment of child abuse, a series of coherent, context-specific studies would allow for the development of social policy that will treat the phenomenon, and not just the social features of the persons involved (c.f. Wald, 1980).
2. While countless studies exist in the law and social science literature regarding the differential treatment of poor and minority persons by the courts, hardly any literature is present regarding the differential treatment of child abuse cases by the courts. If socioeconomic status, race, and sex, for example, are employed in society as discriminating status characteristics, then child abuse will be affected by these status characteristics. For instance, it is a general observation of courts in the United States that min-

ority persons receive much harsher sentences than non-minority persons for the same offenses. Should we then not expect to find minority persons receiving much harsher sentences thsn non-minority persons for the same typer of committed child abuse?

3. The present social environment is constraining both personal and social growth, and forcing many persons to express their frustrations in activities designed to reinforce collective identities, e.g., the family. It is necessary to examine whether the incidence of child abuse is affected by the expansion or reduction in social and personal growth as determined by external social forces. On the other hand, it could also be that child abuse becomes much more visible during conditions of crisis in the social system as a symptom of existing social relations in the family. An examination of issues such as these would permit one to deal therapeutically with the family as a social unit capable of generating structured opportunities for the expression of social forces harmful to its integrity.

The preceding are general issues that need study and attention. They are by no means inclusive of what needs to be examined, but they do mirror the general need for study in the area of child abuse. As mentioned above, the goal is to deprive difference of distinction by attempting to develop a paradigm for child abuse that results in coherent cognitive comparisions. Child Abuse is too rapidly becoming a social phenomenon whose institutional survival depends on how effectively its role in everyday life is portrayed. Attention must be focused on the cognitive import of child abuse in order to insure its adequate and equitable treatment in American society. That is, child abuse must be portrayed as a social action against a powerless and defenseless person in an adult world where rules are made by adults for adults, and as a social problem that demands legitimate attention. A society such as the one we live in where social institutions determine social identity for persons *en masse*, will not be sensitive to the needs of children as persons because that requires particularistic attention. If students of child abuse do not heed the implications of this observation, then child abuse will continue to struggle in its attempts to be regarded as an important social problem in American society.

References

Baldwin, J.A. "Epidemiology and Family Characteristics of Severely Abused Children," British Journal of Preventive Social Medicine, 1975, 29:205 - 221.

Buriel, R., Loya, P., Gonda, I., and Klessen, K. "Child Abuse and Neglect Referral Patterns of Anglo and Mexican Americans," Hispanic Journal of Behavioral Sciences, 1979, 1:215 - 227.

Cain, L.P. "Child Abuse: Historical Precedent and Legal Ramifications," Health and Social Work, 1980, 5:61 - 67.

Chapa, D. Smith, P.L., Rendon, F.V., Valdez, R., Yost, M., and Cripps, T. "The Relationship Between Child Abuse and Neglect and Substance Abuse in a Predominantly Mexican American Population," pp. 116 - 125 in M.L. Lauderdale, R.N. Anderson, and S.E. Cramer (eds.), Child Abuse and Neglect: Issues on Innovation and Implementation, Volume I, Washington, D.C.: National Center on Child Abuse and Neglect, 1978.

Eskin, M. and Kravitz, M. Child Abuse and Neglect, Washington, D.C.: U.S. Department of Justice, 1980.

Gelles, R.J. "The Social Construction of Child Abuse," American Journal of Orthopsychiatry, 1975, 45:363 - 371.

Hartley, A.I. "Identifying the Physically Abused Child," Texas Medicine, 1969, 65:50 - 55.

Kalisch, B.J. Child Abuse and Neglect: An Annotated Bibliography, Wesport, Conn.: Greenwood Press, 1978.

McNesse, M.C. and Hebler, J.R. "Abused Child: A Clinical Approach to Identification and Management," Clinical Symposia, 1977, 29:2 - 36.

Newton, F., Olmedo, E.L., and Padilla, A.M. Hispanic Mental Health Research: A Reference Guide. Los Angeles: University of California Press, 1982.

O'Neill, J.A. "Patterns of Injury in the Battered Child Syndrome," Journal of Trauma, 1973, 13:332 - 339.

Pelton, L.H. "Child Abuse and Neglect: The Myth of Classlessness," American Journal of Orthopsychiatry, 1978, 48:608 - 617.

Robertson, B.A., and Hayward, M.A. "Transcultural Factors in Child Abuse," South African Medical Journal, 1976, 50:1765 - 1767.

Sharwell, G.R. "Child Abuse and Neglect: A Survey of Judges' Opinions," Public Welfare, Fall, 1978, pp. 26 - 29.

Steele, B.F. and Pollock, C.B. "A Psychiatric Study of Parents Who Abuse Infants and Small Children." pp. 103 - 152 in R.E. Helfer and C.H. Kempe (eds.), The Battered Child, Chicago: University of Chicago Press, 1974.

Wald, M.S. "Thinking About Public Policy Toward Abuse and Neglect of Children," Michigan Law Review, 1980, 78:645 - 693.

Wells, D.P. Child Abuse: An Annotated Bibliography. Metuchen, N.J.: Scarecrow Press, 1980.

Weston, J.T. "The Pathology of Child Abuse." pp. 77 - 100 in R.E. Helfer and C.H. Kempe (eds.), The Battered Child, Chicago: Universtiy of Chicago Press, 1974.

Wight, B.W. "The Control of Child-Environment Interaction: A Conceptual Approach to Accident Occurrence," Pediatrics, 1969, 44:799 - 805.

RECENT FINDINGS ON CHILD ABUSE AND NEGLECT IN THE MEXICAN AMERICAN COMMUNITY

Lex Berrios, Ph.D.
Sociologist
Laredo, Texas

This workshop is intended to cover the state of the art on child abuse and neglect in the Mexican American community. But the state of the art is that there is not much state of the art. That is, few studies are available on this subject. On the issue of child abuse, the Mexican American community has been abused by stereotypes and neglected by serious research. Of course, this is a little bit of an exaggeration, if you allow me the expression. But the fact is that there are so few studies on this topic. There are already some studies on Mexican Americans, and many studies on child abuse and neglect are in progress, but the studies on child abuse and neglect *in* the Mexican American community can be counted with the fingers on one hand.

Let me mention just those I was able to trace. I will refer only to those studies that are *empirical* in nature, not those which are speculative or "theoretical." By the way, there are a number of reports, manuals, conference proceedings, etc. that cover the subject very well. Many of these have been published by the Texas Migrant Council, the Federal Government, etc. But my interest here is to see what conclusions we can arrive at by examining those empirical studies that analyze concrete data and take a stand on the issue of child maltreatment in the Mexican American community.

Because the topic is new and because of the scarcity of empirical studies, whatever conclusion we arrive at should be considered tentative. Let me mention those studies. Dr. Jose Navarro came out with a little book entitled *The Family and Child Abuse in a Latino Community*. He studies ten cases of families who attended the services of a mental health clinic in Los Angeles. He interviewed the families and came out with some factors and correlations in the generation of child abuse and neglect. I find the study weak in methodology and I do not recommend it highly. The author himself seems to have some doubt about his own conclusions.

On the other hand, we have an excellent study: the best so far, a very convincing one, very well-done, is Giovannoni and Becerra's *Defining Child Abuse*. They got their data by interviewing over 1,000 people in California. They interviewed Anglos, Mexican Americans, and Blacks. They developed a questionnaire in order to measure the people's attitudes toward child abuse and nglect. The study refers to how people define child abuse.

There is one study by Professors Miller, Camp, Cervantes, and Purdy entitled *A Study of Attitudes Towards Child Abuse and Child Rearing Among Mexican American Migrants in Texas*, fresh out of the press. I recommend it highly. It is one of the few analytical studies done here in Texas about Mexican American migrants. The study covers the attitudes of migrants regarding child abuse and neglect. The data come from interviewing 500 families of migrants living in Texas.

Then, I would also recommend my study entitled *Child Abuse and Neglect Among Mexican American Migrants: A Study of Cases*. I read 193 files of migrant workers and came out with some significant findings.

A study by Professors Lauderdale, Valiunas, and Anderson, entitled "Race, Ethnicity and Child Maltreatment: An Empirical Analysis," is in progress. A previous report from this study appeared in the journal *Child Abuse and Neglect*, Volume 4, 1980. I believe they are engaged in a wider project now, and I do not know what their latest findings are. However, their contributions in the first report are significant.

We also have a demonstration project of significance. You may have had the chance to hear about AVANCE this morning. The study that they are conducting is on the conditions and practices of parenting in relation to the social-economic status of Mexican American families. They are working towards developing responsive parental education models in the prevention of child maltreatment.

A study by Chapa and Associates tries to trace the relationship between child abuse and substance abuse among Mexican Americans. A preliminary report has already appeared in the *Proceedings of the Second National Conference on Child Abuse and Neglect*, 1977. But I understand the study continues at the present time.

There are, of course, other studies, at least a couple of them, that I was not able to get in time for this conference. And there are also some ongoing projects whose results I am anxious to see.

But reviewing what we have, we can say that only two deal with the incidence of child abuse and neglect in the Mexican American community. The others deal with attitudes.

Now, attitudes can tell you something about child maltreatment, but they do not guarantee that they correspond to actual behavior. They may or may not. The most promising studies are those that deal with the etiology and the incidence of child abuse and neglect. The American Humane Association and also the National Resource

Center on Child Abuse and Neglect have produced reports on the incidence of child maltreatment in the nation. Particularly important are the comparative figures along ethnic lines and social classes. It would appear that the minorities have a higher incidence of child abuse and neglect. But this is not certain. Some observers point to the fact that the minorities may be overrepresented in the data for the incidence of child abuse and neglect. What happens is that the minorities are more exposed to the observation of the social workers than other people, and therefore, may be overrepresented in reported cases.

However, let me mention a significant finding. Some researchers point out that most minority people, particularly Mexican Americans, Blacks, and poor people, have less tolerance for child abuse than the other ethnic groups and social classes. According to the reports compiled by the governmental agencies, the minorities have the highest incidence of child maltreatment; yet, when we interview them, in face-to-face interaction, they express a greater aversion or less tolerance for child abuse and neglect than the other groups. Mexican Americans, for instance, have a higher aversion to child abuse, particularly with regard to sexual abuse, physical abuse and emotional abuse than the other groups, including Blacks and Anglos.

Now, the lower the income of these persons the lower the tolerance for abuse. That finding contradicts many of the current popular views that poor people, because of fewer resources, become more stressed, and tend to be more tolerant of violence in the family. But that is not the case, according to these studies.

There are not many studies conducted with critical analysis, in which you actually measure child abuse and neglect in a scientific manner; something observed which you can really be sure is the real thing. Because attitudes may or may not reveal the abusive or neglectful behavior, the "incidence" as recorded by the agencies, may or may not reveal the actual thing. There are many studies, but most of these studies are speculations -- position papers, observations -- some theoretical approaches, some definitions.

There are studies, theoretical in nature, and yet not supported by facts, and there are many empirical studies which are not connected with theory. Both are incomplete, in my view. In order to come out with something that will guide us to develop complete programs for intervention and for prevention, we need to have studies that have a theoretical foundation and which have been corroborated by empirical evidence.

Despite the fact that there are many studies--the few studies that do exist about attitudes, incidence, and those that try to trace the causes or factors that contribute to child abuse and neglect, are useful. I find them useful because they serve as guidelines for future research and eventually, we can come out with more complete results. Some findings are very important, very illuminating, and some of them very doubtful. For instance, one of the doubtful findings is the following:

Many studies say that poverty causes child abuse and neglect. I disagree with that conclusion. Does anyone want to challenge that?

Participant: Maybe not poverty, but the effects of poverty. Child abuse and neglect are associated with poverty, because of lower level of education, lower level of health, lower level of availability of services, lower level of resources to get to those services and lower level of available resources.

Berrios: Fine. Was there something else; what about saying: "lack of resources?"

Participant: Well, that is what I call poverty. Poverty is more than lack of education, lack of knowledge, lack of power.

Berrios: I still disagree with the association between poverty and child abuse. I say "no," because there are a lot of people who have no resources, no power, no education, and yet they do not abuse their children. In fact, the majority of the poor do not generally abuse their children. I did a study in Uvalde, Texas for one year and a half in the mid seventies. I was working on my dissertation there at that time. I talked to a lot of people, mainly poor, and I noticed that most poor people do not abuse their children.

Participant: Abuse, or abuse and neglect?

Berrios: Both. Some neglect is there because of circumstances; for instance, you cannot tell for sure whether or not the children are intentionally neglected--not properly fed, this could be beyond the parents' control. Of course there are obvious cases of neglect present in many poor families. But I know some poor families that despite their poverty, somehow manage to protect their children. The kids somehow manage to be well-behaved, parents are very considerate with their kids, and so on.

In my study I discovered that social isolation is one of the most significant factors that contributes to child abuse and neglect. Because wherever you see child abuse and neglect, immediately you identify the parents or the family as being isolated from the community. They are disconnected from the extended family, from the neighbors, friends, and so on. And among the migrant workers this is more dramatic because migrant workers are, by necessity, transient people. Therefore, they tend to be isolated. The more isolated they are, the more they tend to abuse their children. There are two ways in which the migrants travel: as individual families or in groups of families under a crew leader. Those families that go alone tend to abuse their children more than the families traveling together. Does this finding make sense to you?

Another interesting conclusion is one by Valiunas and Associates, Issues in the Incidence of Child Abuse and Neglect Relative to Mexican Americans, which was based on the Central Registry data on child abuse and neglect from the Texas Department of Human Resources from 1975 to 1977: Valiunas and Associates found that there are data broken along ethnic lines -- Anglos, Mexican Americans, and Blacks. One of the findings in relation to the isolation issue is that the further the Mexican American group moves away from the border, the incidence of abuse increases. Among the Blacks, most of them situated in East Texas, the farther they move to the West, the incidence of abuse increases. That means that isolation here is a contributing factor to child abuse and neglect. Other studies also confirm the idea of isolation. You may want to look at the study by Miller, Camp, Cervantes, and Purdy, in this respect.

Participant: The isolation issue is very hard for me to understand. It just does not appear to be clear. There may be many different reasons for being isolated.

Berrios: It refers mainly to isolation from support systems. For instance, the Mexican American culture emphasizes family unity and integrity. And also, one of the ways to bring forth family integrity is to have intimate connections with the extended family. So the extended family supports and contributes to a good family life. What happens when a situation arises in which they have to move out from the ancestral home, from the homebase, like the case of the migrant workers? They move from that community and go out to a place in which they have no extended family, no relatives, no compadres (coparents), no friends, and no neighbors that they know. They are disconnected from their customary associations. This situation tends to cause distress, and distress may lead to child abuse.

Many studies in sociology and also comparative studies in anthropology clearly indicate that the support systems that the family has, contribute to the sanity of the family. It does not matter how poor the family may be; friends, compadres, neighbors, and relatives, are a fantastic help. Most people take these associations for granted, but people cannot be isolated. When you isolate the family from the support system, some members who are not prepared for that situation may get lost, and they may degenerate into aberrant behavior.

This is what we mean by social isolation -- when the family pulls out of the home background and its surroundings and is put into a different situation, or when people do not interact with their neighbors or friends.

Another point is the idea of psychological isolation. Psychological isolation is the result of social isolation, not the reverse. Professor Navarro cites a study in which he said that those mothers who have been abandoned by their husbands, tend to abuse their children more than those families who have both parents. Navarro said that he was not able to confirm that hypothesis; however, he says that when the whole family is isolated, child abuse is likely to occur.

One thing that is certain is that violence in the family is a learned predisposition, in the sense that the perpetrator has been conditioned to react violently. In other words, if a person has not been conditioned to act violently, he will not engage in child abuse.

It is strange, but some studies that began to appear in the sixties say that the reason why child abuse takes place is because of the natural aggressiveness of human beings, that human beings are by nature aggressive, violent-prone, and that the only restrictions are social and moral restrictions. When these types of restrictions do not operate, people tend to be aggressive, and therefore, even the family is not immune to violence.

Psychoanalysis and other schools have been found to propound the aggression-frustration hypothesis, by which psychological factors are postulated as causing child abuse and neglect. And other studies have come to dramatize the incidence of child abuse and neglect by pointing out that the multitude of cases of child abuse were committed by psychopathic personalities. So, accordingly, psychopathology causes child abuse and neglect. That was the way of thinking then.

But, nowadays, more socially-oriented approaches have come out and said "no." Recent studies indicate that psychopathology explains less than 10% of all cases of child abuse and neglect. In other words, 90% of the cases are committed by "normal" people. This is a very interesting finding because it is true that some psychopaths are abusive; some people commit the most terrible abuses. One of the most terrible cases happened in New York; one of the parents slashed a baby girl a few months old with a razor blade all over her body. These kinds of personalities exist. These persons certainly are psychopaths or at least have deep psychological problems. But that only accounts for about 9.3% of all the cases of child abuse and neglect.

What about the remaining 90.7%--the people who actually behave normally in their daily lives but who also commit, sometimes, very brutal acts of child abuse? How do you explain that over 90% of abusers are "normal"?

One explanation is that whether we refer to 90% normal people or to 10% psychopaths, these people were most likely abused as children. This is one of the most significant findings so far. It has a tremendous predictive validity. You can predict the incidence of child abuse and neglect in a family. When you classify a family at risk, most likely one, or the two parents, have been abused as children. You can also predict the intensity of the abuse. This finding, however, is not 100% safe; there have to be some conditions. Some persons may have been abused as children and the chances are that they will also abuse their own children, unless something happens to prevent it. For instance, if the support systems interfere, they will not hurt their children. So what we know for sure is that in the majority of cases most abusive parents were abused as children. Hence, child abuse is highly associated with the previous experience of the perpetrator. Now we know something: abused little children learn violence from their parents, and in turn continue with the cycle of abuse.

Participant: Then, is poverty related to child abuse?

Berrios: Yes, it is related to child abuse, but it is not the main cause or the major factor. It is a contributive factor; but taken alone it is not sufficient. For child abuse to occur you need to have certain factors: a parent who has been conditioned to violence, is undergoing stress, and is living in a very difficult situation. If poverty exists, it will certainly add to the generation of child abuse and neglect, but by themselves, these factors are not sufficient. Only in combination do they become sufficient.

I will try to come out with those factors, those findings which bring the most promise in explaining child abuse and neglect. Many psychological problems are associated with child maltreatment, for instance, a person's lack of parental skills, an insecure ego, a poor self-concept, addiction to alcohol or drugs, medical problems and a life crisis. Economic conditions like the recession and unemployment, and social conditions like discrimination and segregation are also associated with child abuse. These problems, however, are contributive factors and not necessarily causative factors.

At the present time, previous experience is one of the critical factors that configures significantly to child abuse and neglect. Again, this relationship is not necessarily a one-to-one relationship, but it holds in most cases, unless certain factors interfere in the process.

Another significant finding is that the stresses of modern life, what we call social environmental stress, also contribute to child abuse and neglect. I have my doubts that there is a direct relationship, however. The relationship is direct only if the person has been conditioned to react to stress in the manner of aggression toward defenseless children. But if the person has not learned to react to stress in that manner, child abuse will not take place. A person may suffer all the stress in the world he is able to take, but it may or may not eventuate into violence toward his family. It is not stress alone that is in question here, but how the person reacts to stress.

Not all persons react to stress in the same manner. Reaction to stress is a cultural phenomenon, and not all cultures solve the problem of stress in the same way. This, of course, is common sense, but it has been well-documented by anthropologists like Clyde Kluckhohn, Margaret Mead, and others who examined primitive societies and rural communities in the U.S. and in the South Seas, Latin America, etc. If I recall correctly, they compared two communities of Indians living not far from each other, but of different cultures. In one, there was tension, violence, family vendettas, and of course, child abuse and wife-beating. In the other community, however, no such things occurred. Both communities were poor, living in harsh environments, had few resources, and therefore, experienced stress. They discovered that the community that did not have overt violence had another kind of violence like witchcraft. So, people in one community vented their frustrations by practicing witchcraft, while in the other, physical violence was rampant.

Here we have an interesting observation. Witchcraft is psychological violence, but it is not necessarily physical violence. So, you see, these "backward" peoples can teach us something. Do we want to vent our frustrations with physical violence or with psychological violence?

Human beings react to tension and aggression in many different ways. One way is to become violent and pick up the easiest victim, a child, for instance. Another way is to break things, take drugs, and practice sports. But all this is a question of learning. If you have trained a man to react to frustrations by being aggressive to his own family, well, that is the way he is going to behave. But if he has learned to divert aggression through other channels, then family violence need not occur.

Participant: The important thing may not be stress but how you deal with stress. What do you recommend?

Berrios: Yes, how you deal with stress is important. I would place the emphasis here. I don't know what kind of a package we're going to develop to come out with the best program, given the current knowledge about child abuse and neglect. But suppose I have the money and I have the people who want to volunteer to run the program. I would pay attention mainly to the support systems. For instance, if the support systems are present, chances are that child abuse and neglect will be minimal. Because even if a person has learned to be an aggressor from his childhood, the support systems will lessen that impact. And even if the persons, the parents, have tremendous stress, the support systems can protect the family from that stress.

Mexican Americans have a beautiful support system that can be renovated, reinforced, or revived. One of the traditional institutions of this support system is the extended family system. Unfortunately, it is deteriorating because of urbanization, modern life crises, and because of such factors as geographic mobility and social mobility which sometimes contribute to the tendency of the family to lose contact with the extended family.

Another support system which is a beautiful system--Anglos envy the Mexican for this--is the compadrazgo, co-parenthood, system. The compadre system is one in which you have intimate friends that you consider almost your relatives. Like the extended family, the compadre system works.

If Mexican Americans would like to reduce child abuse in the neighborhood, the question is how can we bring forth the institutions of the extended family, and the compadrazgo system back again? But at least one of these institutions, in my view, may have been weakened unintentionally by the federal programs intended to help the poor.

The compadre system and extended family are systems of relations which foster two kinds of commitments. One is what we call instrumental commitments; for instance, I give you money, and you give me money. I help you fix your fence; you help me fix my house. I lend you my car or I lend money without interest, to friends, relatives, compadres, brothers and sisters. Day care centers are not needed, the wife can go to work and leave the children with the grandmother or sister or whomever is available in the neighborhood, and so on. This is instrumental.

Expressive commitment is when you express your emotions, share your expressions with people, or give advice and emotional support.

So what happens now? The government sets up a program, and now, instead of borrowing money from my compadre, I go to food stamps, AFDC, or to the bank or I ask for scholarships for my children. I do not depend on my compadre anymore. Without intending, the federal programs have gradually weakened the instrumental commitments of the compadre system and the extended family. So you depend more and more on the social agencies, and you expect governmental handouts, instead of depending upon your intimate friends and relatives.

Now, however, we have something positive. Despite the economic recession we are experiencing, and despite the fact that the federal government is cutting the federal programs, I hope that these instrumental commitments among friends and relatives will be reinstated. I also hope that this mutual help among compadres, friends and relatives will bring a greater measure of sanity to the community once again and make child abuse and neglect less of a problem.

Participant: My problem is that I feel that the federal programs are not the ones which are disrupting the relationships among friends and family. I feel that what has happened is sort of inevitable social change, the process of transition of societies--from traditional societies to non-traditional societies. Maybe the federal programs have caused one reaction, because we are a transforming society; but, I think, to blame the federal programs for that change of relationships, is not correct. Change of relationships have been seen in all societies, even in societies where there are no federal programs.

Berrios: Let me say something in that connection. I did not say that I put all the blame on the federal programs. I am trying to say that because of geographical mobility, social mobility and also because of the federal programs, the extended family and the compadre system have been weakened.

Participant: But the federal programs have come out as a projection of societies which are in transition.

Berrios: We do not know. How do you explain the fact that most Mexican Americans have already changed from traditional to a modern pattern of life in the family, and therefore, they have gradually lost the connection with the extended family? How is it possible to explain the fact that there are two ethnic communities which are the most successful in the world and yet, still maintain something of what Mexican Americans call extended family and the compadre system, and these are the Jewish and the Japanese? And they are very modern societies with no rules that conflict with the extended family. Did you know, for instance, that in Japan 80% of the marriages are arranged marriages at the present time? How traditional can they be? Japan has gone from a very rural stage or traditional stage, to the modern stage, without sacrificing the family. This also happens with the Jewish people today, in both Israel and in the U.S. They maintain excellent relations with the extended family and they have little child abuse and neglect. Neither one has significant wife abuse, and there is little alcoholism.

I disagree with Dr. Talcott Parsons when he says that in order to become modern you have to sacrifice some traditions and do away with the extended family. The Japanese and the Mexican Americans have virtually the some idea of familismo (familism). The family is more important than the individual. The father is the head of the house. There should be discipline in the house. The mother undertakes the supportive role, mainly the expressive role; the father, the instrumental role. Both family systems are very similar, and yet, they have two different historical careers, and different consequences. So, I disagree with Dr. Parsons in that connection because you do not have to sacrifice the family to become modern.

Participant: You are talking about two foreign cultures that may not apply to the American reality; besides we don't have statistics to make the proper comparisons.

Berrios: The same observations apply to Japanese Americans and Jewish Americans for which we have statistics.

What we have to do is to pay attention to the support systems of the Mexican American family and see in which ways we can help the family cope with stress, and thus prevent child abuse. At least we should agree on something: that the support systems are healthy and strong in preventing child abuse and neglect. If that is the case then, shouldn't we pay attention and see in which ways we can contribute to the reconstitution of the support systems that a family needs?

Participant: But what about those situations where the family is totally removed from its support system?

Berrios: What can we do when the family has been removed from its natural support system? What we can do is to ask the families to construct another system by associations with the community, for instance, the church, the school, neighborhood associations, voluntary associations, and so on, to replace the extended family. That is probably what many Anglos are doing. As soon as they move to a new community, they begin to associate themselves with groups of like-minded people; and they have better support that way than those who do not engage in these activities.

I would say that only as a last resort would it be necessary to use the formal, bureaucratic social services, like welfare, human resources, the court, the police, and hospitals. The first resort should be the family; it can be the nuclear family, or friends, relatives and compadres. Then come the informal associations, like neighborhood associations, church groups, PTA meetings, voluntary associations, etc. The more you can do informally, the better.

In California, for example, there is a group of ladies who have formed natural day care centers. A group of women go together and decide, for instance, that each one will take care of all the children one day of the week. So, one lady takes all the children to her house and all the other women go shopping, or do whatever they want. They have free time. This is an excellent idea in my view.

Instead of relying on commercial establishments, the best thing we can do is to have natural social networks developed in our neighborhoods. We need to have the support system, either the natural or the one based on voluntary associations. Finally, if none of them work, then you can use the formal system, like the courts, and the social services. But that would be the last thing you should do.

So, we have tried to isolate the main factors that contribute to child abuse and neglect. We have first learning, then stress, and finally isolation. These are the main findings, the contributive factors in the generation of child maltreatment. All of them are necessary but not all of them in isolation are sufficient. If you have the three of them present, there is a high probability that child abuse and neglect will take place. Many of the studies discussed here tend to reach that conclusion.

ABUSE AND NEGLECT OF LOW-INCOME HISPANIC CHILDREN AND ADOLESCENTS FROM A SYSTEMS APPROACH

Robert J. Velasquez, Ed. M.
Arizona State University
Tempe, Arizona

This study examines child abuse and neglect within the context of one Hispanic subgroup: the Chicano or Mexican American. Unlike limited previous research, this study attempts to determine the abuse and neglect rate of 81 subjects, as well as determine the type of childhood disorder manifested by each of these subjects once a clinical interview was made. By incorporating a multisystems approach to referral, diagnosis, and treatment, a misreferral rate of 50% was found for the total sample. Upon the determination of either abuse and/or neglect, types of disorders manifested by each of these subjects were further studied. Techniques in clinical assessment of abuse and neglect, prevalence of behavior disorders in Chicano children, and referral and networking within a community system are also discussed.

Introduction

This study examines one of the least researched areas in child abuse and neglect, the types of disorders (and psychopathologies) manifested by low-income Hispanic children and adolescents who have been abused and/or neglected. Traditionally, research in child abuse and neglect has concentrated on the epidemiology or causes of child abuse and neglect from an adult perspective, with limited attention given to the disorders manifested by a child or adolescent once abuse and/or neglect has occurred.

Taken within the context of both a systems and cultural approach, Chicanos or Mexican Americans,[1] who comprise the largest ethnic subgroup within the Hispanic (Latino) population, continue to have unique psychosocial stressors which may increase the probability of both child abuse and neglect. According to Buriel, Loya, Gonda, and Klessen (1979), these stressors would include a high birth rate, high unemployment, low socioeconomic status (SES), low educational attainment, and large families. Stressors identified by other researchers include migration, prejudice, discrimination, conflicting sex roles, and non-acculturation (Karno and Edgerton, 1969; Velasquez, in press-a).

Combined with these stressors are the demographic characteristics of a population in which 47% are below the age of 18 years, with 13% under the age of five (5) years (Buriel, et al., 1979). As of 1978, the President's Commission on Mental Health from the Special Population Sub-Task Panel on Mental Health of Hispanic Americans declared the general Hispanic population to be "at risk" in the actuarial sense primarily based on such data as presented above. Still, the research in both child abuse and neglect continues to be extremely limited when compared to the research in other areas of mental health and education.

Past Research on Child Abuse and Neglect

While Romero (1978) indicates that a new and "dramatic" interest in research with Chicano children has brought about a ". . . rapidly expanding body of literature." (pg. 1), the same cannot be said about the research in child abuse and neglect. Romero (1978) points to over 250 articles published on Chicano children since 1970, yet only two (Buriel, et al., 1979; Giovannoni and Billingsley, 1974) directly address the issue of child abuse and neglect in the Chicano community.

In their study on referral patterns of child abuse and neglect for both Anglos and Chicanos, Buriel, et al., (1979) found that: a) Chicanos were found to be less often referred for abuse or neglect than Anglos (2:1), b) Chicanos were found to be less often referred for abuse and/or neglect by neighbors, friends, or anonymous sources, than Anglos, and c) no differences were found between Anglos and Chicanos in the rate of referral for child abuse and neglect, by family members.

---

*I would like to thank Dennis J. Alvarado and Cynthia Rivera for their technical assistance at the Casa Blanca Youth Project in Riverside, California. Also, I would like to thank Dr. Octavio Martinez for his comments during the preparation of the final manuscript.

[1] The terms "Chicano" and "Mexican American" are used interchangeably to refer to individuals of Mexican origin in the United States.

Plausible explanations given by the authors for each of these results respectively include: a) a lack of cultural sensitivity and knowledge of parenting, as well as abuse and neglect, in Chicano families by school personnel (i.e., teachers, school psychologists, etc.) b) a continued lack of interference by community members in "family business," which would include problems such as child abuse and neglect, and c) an increased awareness and concern by Chicano families to seek outside professional assistance.

Giovannoni, *et al.* (1974) examined parental adequacy among three low SES ethnic groups (Chicanos, Anglos, and Blacks) and a possible relationship to child abuse and neglect and found: a) social and familial background does not differentiate between neglectful and non-neglectful mothers, b) current stressful events tend to negatively affect neglectful mothers, c) neglectful mothers tend to have impoverished relationships as children, d) differences do exist between neglectful and non-neglectful mothers in accepting and meeting the dependency needs of very young children, and e) ethnic variations in family relations as well as child rearing, were found for all mothers studied.

Aside from these two articles located through a literature search conducted at the University of California, Los Angeles, Spanish Speaking Mental Health Research Center, four more articles address the issue of child abuse and neglect by examining the general Hispanic (Coppolillo, 1977; Price, Ketterer, Bader, and Monahan, 1980), or more specifically, the Puerto Rican (Abad, Ramos, and Boyce, 1977; Laski and Taleporos, 1977) populations.

The argument for ethnic subgroup specificity in the research of child abuse and neglect, as in other areas of mental health and education, is made because of the recent findings by Ramirez and Arce (1981) on the structure of the Chicano family when compared to other Hispanic subgroups.

Research Methodology in Abuse and Neglect

Due to inherent problems "built-in" to the research methodology on abuse and neglect, such as defining the problem, assessing and quantitatively measuring abuse and neglect, and ethical considerations for collecting data, the results of the previous research on abuse and neglect tend to be somewhat unsystematic, qualitative, observational, and unidimensional. Their limitations have affected the creation of a base from which to conduct research on abuse and neglect which takes into account the interaction of four major social systems such as the individual (self), family, community, and schools.

Commenting on the state of research on *la familia* (the family), Ramirez, *et al.*'s (1981) observations are also applicable to the type of research presently being conducted on child abuse and neglect, within the Chicano family.

> The literature on *la familia* (the family) falls into four broad types: first, an older, often flawed literature that is based mostly on observational field research and occasional local surveys in traditional enclaves of the Mexican population, and that attributes a pathological detrimental character and role to the family; second, a reactive literature, mostly by Chicanos, intended to counter the former, but often presenting an idealized, romanticized, and empirically unsupported characterization of the family; third, a modest but rapidly proliferating number of articles and dissertations that are focused, data-based, and more vigorous in design and conceptualization; and fourth several "review" articles that periodically attempt, with mixed success, to integrate the existent literature on the family (pg. 3).

With respect to the past research cited and discussed in this paper, the value of each article is not seen in the methodology, but in the sub-topic discussed by each author. For example, referral patterns (Buriel, *et al.*, 1979), parenting (Giovannoni, *et al.*, 1974), bilingualism (Laski, *et al.*, 1977), treatment (Abad, *et al.*, 1977), and prevention (Price, *et al.*, 1980).

Social Systems and Child Abuse and Neglect

While the increase of interest in the psychosocial development of the Chicano has been shown by two major works recently published, *Chicano Psychology* (1977) and *Explorations in Chicano Psychology* (1981), with a call for cultural sensitivity and relevance in the type of research conducted in psychology, sociology, education, and psychiatry, the integration of environmental, cultural, social, and psychological factors has yet to fully occur.

This is evidenced by the lack of interest shown by researchers in examing a social problem such as child abuse and neglect from a multidimensional perspective. Usually, studies tend to be exclusively conducted in only schools, home settings, or community settings. Then, results are generalized to all settings and circumstances, regardless of the fact that research was conducted in only one environmental (social) setting.

Defining the continuous interaction and influence which schools, family, and community have on the development of the child through the initial years of the life cycle is very critical. Major decisions made by school personnel (i.e., as in psychological screening, referral, and tracking), family (i.e., as in divorce, economics, education, migration, etc.), and community (progressive advocacy for social change versus stagnation), as well as change (positive or negative) imposed by other institutions upon the individual, family, and community, must be considered.

Romero's (1978) methodological research into the Chicano child utilizing a "socioecological" and interactionist approach, substantiates this argument by describing the type of research which has continuously occurred using only one type of setting, schools.

> There are a number of studies conducted in school settings while relatively few studies have been conducted in home or neighborhood settings. These latter settings have an equally powerful impact (if not more so) on children's behavior and development (pg. 3).

A Multidimensional Clinical Study on Child Abuse and Neglect

Unlike other previous studies on child abuse and neglect, this study utilizes a multidimensional perspective by incorporating multiple systems ranging from the individual, family, schools, community, to public social service agencies. This is accomplished in varying phases of the research methodology. For example, referrals were made from each system, including the individual, to the program.

Accompanying these referrals were "presenting problems" as described by the referring individual or agency. Utilizing a complete mental health status evaluation and making a diagnosis utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM) III, comparisons on the type of disorder perceived by the referring agent and the diagnoses, made by three staff clinicians, were also made. A treatment plan based on both cultural and personal factors was then made by the program staff. Thus, input at five possible levels was made using a "socioecological" approach which maintains the importance of interactions between the individual and his/her environment.

Born out of a literature review conducted by Velasquez and Kavale (in press-b) on the prevalence of behavior disorders in Chicanos, as well as an article by Velasquez, Alvarado, and Martinez (1982) on the diagnosis of three types of disorders (conduct, anxiety, and attention-deficit) found in Chicano children, utilizing the DSM III, this study went one step further and determined the prevalence of abuse and neglect in Chicano children and the type of subsequent psychopathology manifested.

METHOD

Subjects

A total of 81 subjects who utilized the services of a community-based mental health center (Casa Blanca Youth Project) were studied with respect to abuse and neglect, and the type of clinical symptomology manifested by each subject. Eighty-nine percent of the subjects were identified as Chicano, with ten percent as Black, and one percent as Anglo. Fifty-five percent of the subjects were male and forty-five percent female, ranging in age from six to eighteen years. The median age for the group was 14 years.

Subjects were referred to the program from five sources: 1) family (33%), 2) schools (21%), 3) participants initiated (10%), 4) social service agencies outside of the community (8%), and 5) other, i.e., friends, community residents, etc. (28%).

Procedure

Subjects were interviewed at least three times, once by each of three trained counselors who have had an average of eight years of clinical experience. While most subjects utilized both educational and counseling services offered by the center on a continuous basis, the minimum of three visits during which each subject was interviewed by each counselor was a requirement.

The actual clinical interview was based on the traditional mental health status evaluation following the guidelines set by DSM III (1980). During a preliminary investigation, it was found that 50% of the subjects were rated by the staff counselors as having clinical symptoms which could be classified under: a) conduct disorder, b) anxiety disorder, and c) attention-deficit disorders. Thus, the criteria for diagnosis was based on the minimum standards found in DSM III.

Originally, all subjects referred to the mental health program displayed a "presenting problem" such as language difficulty (Spanish-to-English), behavior problem, or low-achiever, as detected (not diagnosed) by the individual or agency making the referral. All referring individuals or agencies considered each subject's presenting problem to interfere in either the psychosocial or educational development of the subject.

While no subjects were referred to the program for child abuse and/or neglect, evidence based on clinical interviews indicated that approximately 29% of all subjects had been abused and/or neglected.

While the definition of child abuse and/or neglect continues to be controversial, guidelines set by the National Center on Child Abuse and Neglect in two publications: Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel (1977) and The Role of the Mental Health Professional in the Prevention and Treatment of Child Abuse and Neglect (1979), provide the most complete guidelines which include both physical and mental abuse and neglect. These guidelines were used by the staff counselors in making a diagnosis of abuse and/or neglect.

Thus, the screening program was done in an order in which subjects were:

1. Referred by individuals, family, or outside agencies, due to a presenting problem.
2. Subjects were then pre-screened to determine if the presenting problem did qualify under guidelines and definitions of childhood disorders as set by DSM III.
3. Subjects were then screened for evidence of abuse and/or neglect, once evidence for a disorder was determined by staff administered clinical interviews.
4. A relationship between clinical symptomology manifested by those subjects that displayed evidence of abuse and/or neglect was made.

Results

Of the total sample (N-81), 50% of the subjects were found to display clinical symptoms which warrant a diagnosis of conduct, anxiety, or attention-deficit, disorder. Table 1 presents the disorder by gender breakdown of the 41 subjects found to display actual clinical symptoms. Significant differences were found between the type of disorder and gender ($x^2 = 5.25$, df = 2, $p < .10$).

By defining the percentage (50%) of subjects who were determined to have a diagnosis made, a misdiagnosis rate of 50% was also found. This misdiagnosis rate is based on the "presenting problem" which was originally determined by the individual, family, or agency making the initial referral.

Of the 41 found to have clinical symptomology, 59% (24) displayed evidence of child abuse and/or neglect in the clinical interview (See Table 2.) Of those found to be either abused or neglected, 75% were male and 25% female. The majority (84%) of these subjects were found to be neglected, with 16% abused.

Table 3 presents a breakdown by ethnicity, of abuse and neglect, of the 24 subjects. Eighty-eight percent of those abused or neglected were identified as Chicano. The skewness of the distribution made further analysis unnecessary.

Of the 24 subjects determined to be either abused or neglected, 58% were diagnosed as having a conduct disorder, 22% as having an attention-deficit disorder, and 12% as having an anxiety disorder. Eight percent did not display enough clinical symptoms to warrant a diagnosis of both abuse and/or neglect and a disorder.

Discussion

Overall, the results of this study indicate that a significantly high misdiagnosis rate for children and adolescents who are originally referred from a school, home, or community setting, into a community mental health program.

By utilizing a mental health status evaluation such as the DSM III, which is multidimensional and takes the degree of psychosocial stressors into account, a more accurate diagnosis can be made by trained staff, as was the case in this study. Also, the "presenting problem" such as behavior problem, language difficulty, and low-achiever, which are all unidimensional terms traditionally used in education, describe inaccurately the types of behaviors displayed by subjects such as those referred for this study.

Of great significance in this study is the abuse and neglect rate determined for a sample of minority youth in a community center. Twenty-nine percent of the total sample displayed evidence of abuse and/or neglect, with the majority being male. The issue of roles and relationships within the family structure, while not examined, proved to be nonetheless pertinent to these results. Also, the finding by Buriel, et al. (1979) of very limited involvement by the community in referring youth for child abuse and neglect can be supported.

It is important to note that neglect was more commonly found than abuse. A confound in defining neglect, at least with this sample, is the SES level which was determined to be low. Thus, materially, many of the subjects studied could be considered as neglected alone, whether pathology was or was not determined.

With respect to clinical symptoms displayed by those subjects who were either abused or neglected, more than half of the subjects displayed conduct disorders, with a significant number displaying anxiety and attention-deficit disorders. In terms of child development, all three disorders can be considered disorders which can greatly affect the psychosocial and educational development of the child.

In their work on behavior disorders among Chicanos, Velazquez, et al.'s (in press-b) findings, while synthesized from many resources, have nonetheless been supported at least partially by the findings in this study which support the idea that in Chicanos, the etiology of certain disorders may be quite different from that of Anglos or Black, Velasquez, et al. concluded that:

1. Chicanos and other Latino (Hispanic) groups tend to have higher rates of behavior problems based on SES.
2. Chicanos tend to have lower rates of hyperactivity than Anglos.
3. Chicanos and Puerto Ricans tend to be more commonly diagnosed as schizophrenic, especially adolescents.
4. Schizophrenia develops differently in Chicano males and females.
5. Chicanos tend to have a higher delinquency rate based on low SES. However, intelligence has also been linked to delinquency in Chicanos.
6. Hostility does appear to exist to a greater degree in Chicano children, especially males.
7. Chicanos are consistently rated along the dimensions of conduct or socialized delinquency on the Behavior Problem Checklist.
8. No reliable or valid measure for assessing behavior disorders in Chicano children are presently available.

While not presented in the results section, and in support of the argument made for a multidimensional methodology for research in abuse and neglect, it is important to note that the referral pattern for these subjects was primarily biased toward either family (33%) or the community (28%). Schools, while willing to refer subjects to the project for assistance in either mental health or education, referred only 21% of the total sample. Thus, utilization of a community resource by community members was somewhat high (51%). Support for Buriel et al.'s (1979) finding on concern by Chicano parents for abuse and neglect is reflected by this utilization rate.

SUMMARY

Our data, while preliminary, appears to support the often discussed notion that American minorities, especially Chicanos or Mexican Americans, tend to be misdiagnosed in both educational and mental health settings, as well as misreferred. By examining the referral rates within and outside of the community, types of "presenting problems" detected by individuals and agencies referring the subjects, screeening and diagnosis of childhood and adolescent disorders, abuse and/or neglect prevalence in a low-income Chicano community, and the relationship between the type and degree of psychopathology manifested within abuse and neglected children, this study has taken a unique approach to research with Chicano children, a multidimensional systems approach.

Furthermore, by examining the three types of disorders described in DSM III, and making comparisons with antiquated, stereotyped unidimensional behavioral descriptors often used by individuals with limited training in psychology or psychiatry, an argument is made for improved assessment techniques at the objective and subjective levels.

Table 1

DISORDER X GENDER

Gender	Conduct Disorder	Anxiety Disorder	Attent. Def Disorder	Total
MALE	19	2	7	28
FEMALE	4	3	6	13
	23	5	13	41

x = Chi-Square = 5.35, df = 2, p < .10, Sig.

Table 2

ABUSE AND NEGLECT X GENDER

Gender	Abuse	Neglect	Total
MALE	2 (8%)	14 (59%)	16
FEMALE	2 (8%)	6 (25%)	8
	4 (16%)	20 (84%)	24 (100%)

Table 3

ABUSE AND NEGLECT X ETHNICITY

Ethnicity	Neglect	Abuse	Total
CHICANO	18 (75%)	3 (13%)	21
BLACK	1 (4%)	1 (4%)	2
ANGLO	1 (4%)	0 (0%)	1
	20	4	24 (100%)

Table 4

ABUSE AND NEGLECT X DISORDER

Disorders	Neglect	Abuse	Total
CD	12 (50%)	2 (8%)	14
ADD	5 (22%)	0 (0%)	5
AD	2 (8%)	1 (4%)	3
NONE	1 (4%)	1 (4%)	2
	20	.4	24

CD = Conduct/Disorder
ADD = Attention-Deficit/Disorder
AD = Anxiety/Disorder

REFERENCES

Abad, V., Ramos, J., and Boyce, E. "Clinical Issues In The Psychiatric Treatment of Puerto Ricans." In A.M. Padilla and E.R. Padilla (Eds.), Transcultural Psychiatry: An Hispanic Perspective (Monograph No. 4), Los Angeles: University of California, Spanish Speaking Mental Health Research Center, 1977, 25-34.

American Psychiatric Association. Diagnostic and Statistical Manual, Third Edition. Washington, D.C.: 1980.

Baron, A. Explorations in Chicano Psychology. New York: Praeger Publishers, 1981.

Buriel, R., Loya, P., Gonda, T., and Klessen, R. "Child Abuse and Neglect Referral Patterns of Anglo and Mexican Americans." Hispanic Journal of Behavioral Sciences, 1979, 1, 215-227.

Coppolillo, H.P. The Abused and Neglected Child: A Summary of A Panel Discussion. In A.M. Padilla and E.R. Padilla (Eds.). Transcultural Psychiatry: An Hispanic Perspective (Monograph No. 4), Los Angeles: University of California, Spanish Speaking Mental Health Research Center, 1977, 25-34.

Giovannoni, J.M., and Billingsley, A. "Child Neglect Among the Poor: A Study of Parental Adequacy in Families of Three Ethnic Groups." In J.E. Leavitt (Ed.), The Battered Child. Morristown, N.J.: General Learning Press, 1974, 170-177.

Karno, M. and Edgerton, R.B. "Perception of Mental Illness in a Mexican American Community," Archives of General Psychiatry, 1969, 20, 233-238.

Lakin, J., Solomons, G., and Abel, C. Child Abuse and Neglect: A Self Instructional Text for Head Start Personnel. Washington, D.C.: U.S. Government Printing Office, 1980.

Laski, E. and Taleporos, E. "Anticholinergic Psychosis In A Bilingual: A Case Study," American Journal of Psychiatry, 1977, 134, 1038-1040.

Lauer, J.W., Lourie, I.S., Salus, M.K., and Broadhurst, D.D. The Role of the Mental Health Professional In the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Government Printing Office, 1979.

Martinez, J.L. Chicano Psychology, San Francisco: Academic Press, 1977.

President's Commission on Mental Health from the Special Populations Sub-Task Panel on Mental Health of Hispanic Americans, Los Angeles: University of California, Spanish Speaking Mental Health Center, May, 1978.

Price, R.H., Ketterer, R.F., Bader, B.C., and Monahan, J. (Eds.), Prevention in Mental Health: Research, Policy and Practice. Beverly Hills: Sage Publications, 1980.

Ramirez, O. and Arce, C.H. "The Contemporary Chicano Family: An Empirically Based Review." In A. Baron (Ed.), Explorations in Chicano Psychology, New York: Praeger Publishers, 1981, 3-28.

Romero, A. The Mexican American Child: A Socioecological Approach to Research (Occasional Paper No. 6), Los Angeles: University of California, Spanish Speaking Mental Health Research Center, 1978.

Velasquez, R.J. "Predicting Psychological Adaptation for Recent Cuban Refugees." In E. Myers (Ed.), The Refugee Crisis: Another American Dilemma. New York: University Press of America, in press.

Velasquez, R.J. and Kavale, K.A. "Behavior Disorders in Chicanos: A Review of the Literature," Behavioral Disorders, in press.

Velasquez, R.J., Alvarado, D.J., and Martinez, O. Diagnosis of Disorders in Chicano Youth Utilizing DSM III Categories: Conduct, Anxiety, and Attention-Deficit Disorders. Unpublished manuscript, August 1982.

SUGGESTED REFERENCES

Boulette, T.R. Spanish Language Television Programming For Decreasing Child Abuse and Neglect. Unpublished manuscript, undated.

Boulette, T.R., Navarro, J., and Zapata, G. Mano a Mano: A Child Abuse-Neglect Training Model of the Spanish Speaking Utilizing Participant Multiplier Effect. Unpublished manuscript, undated.

Boulette, T.R. "Parenting: Special Needs of Low-income Spanish-surnamed Families," Pediatric Annals, 1977, 9, 95-107.

Cohen, R.E. A Process Model to Organize Child Abuse-Neglect Services: A Problem Solving Approach. Unpublished manuscript, Harvard Medical School, January 1976.

ECOLOGICAL CORRELATES OF CHILD MALTREATMENT

Richard T. Spence, Research Associate
Region VI Resource Center
on Child Abuse and Neglect
Austin, Texas

Region VI Resource Center on Child Abuse and Neglect has been involved in a series of studies using the Texas Central Registry for reports of child abuse and neglect. Predictor variables were selected on the basis of an ecological perspective of child maltreatment and also on the basis of the availability of county level data.

The ecological framework as described by Garbarino involves the interaction between individual and environment.[1] The nature of the interaction involves risks or opportunities depending on the individual's resources and characteristics and the type of environment within which the individual functions. This is an integrative view which considers the various contexts within which human development and child maltreatment occur. Bronfenbrenner's division of ecological contexts into several overlapping layers provides a useful approach for research.[2] The layers are comprised of (1) the immediate context of one's home or other setting (microsystem); (2) interrelationships between major settings in which the individual and family is embedded (mesosystem); (3) social structures and forces that impinge upon these settings (exosystem); and (4) ideological and cultural patterns that influence the other subsystems (macrosystem).

The advantage of the ecological framework for studies of child maltreatment is that it allows for consideration of simultaneous and cumulative effects of several overlapping problems or risk conditions. It can go behond the examination of single variable correlates of child abuse and neglect by focusing upon the nested relationships of variables as they affect child maltreatment.

I. The study of child deaths in Texas was an examination of a subsample of the total population of reported child maltreatment incidents from 1975 through 1977.[3] These data include only those deaths which were reported to the Child Abuse and Neglect Reporting and Inquiry System (CANRIS). Not included are those deaths for which the appropriate agency failed to submit completed documentation of the fatality to the Department of Human Resources, or the official cause of death was determined to be accidental or natural. One of the notable findings of the study was the importance of child neglect as a causative factor in child deaths (Figure 1). This finding runs counter to prevalent opinions and public policy that considers child abuse to be of greater concern and of higher budgetary priority than child neglect. The breakout of categories of neglect suffered by child death victims are shown in Figure 2. Case file examinations revealed a substantial number of children who died as a result of fires while locked in their homes; drowning in bathtubs when left unattended or with immature siblings; or of severe medical neglect. In some cases there was documentation of several previous admissions and discharges from hospitals for various kinds of medical problems with little follow-up. Other cases indicated a lack of contact with the health care system, particularly among the Mexican American population. In several of these case records the reports suggested fear and misunderstanding of health services provided on the part of the parents and in two cases there were problems in getting hospitals to provide services because of citizenship issues.
The distribution of child deaths by ethnic group as presented in Figure 3 indicates that Anglos are underrepresented in the child deaths data. Blacks are overrepresented, and Mexican American child deaths are approximately proportional to the population. A cross-tabulation analysis of type of neglect or abuse with ethnicity was performed and the only significant result was a relationship between Mexican American ethnicity and medical neglect. In all the cases in which medical neglect was reported, Mexican Americans were involved in 46.5% of the total.
Another finding of this study has relevance to prevention and treatment issues. The families of 100 or 37.4% of the victims had had some contact with DHR within the preceding year and of those 100, 64 were receiving child protective services at the time of or during the year of child's death. The most frequent sources of non-DHR agency involvement with a family, in the year preceding a child's death due to maltreatment, were health related agencies (33.7%), police (29.8%), and courts (15%) followed by agencies related to employment, mental health, family counseling, school, education, and housing. The total number of families involved with non-

DHR agency contacts was 406, indicating that many families were involved with more than one service during the year (there were a total of 267 child deaths).

II. Another study has examined child maltreatment rates as correlated with various community characteristics and ethnicity.[4] The study excluded only those (8) Texas counties that have a population base so small that the maltreatment rates would be distorted. The remaining 246 counties were included in the overall analysis of the variables. For separate ethnic analyses the number of counties included varied according to the availability of sufficient data. The major variables of interest were economic status, mothers' status, economic assistance, mobility, and ethnicity.

Economic-Status

Family incomes based on 1970 census data were examined in two categories as shown in Table 1. Family incomes less than $8,000 and more than $15,00 were found to have varying significance. The percentage of families with incomes over $15,000 was negatively correlated with child maltreatment, and in particular, child neglect. This finding is consistent with other reports of earlier studies in which the proportion of families with "comfortable" incomes was predictive of lower rates of maltreatment and was the stronger of the two economic predictors.[5] One interpretation is that the percentage of such families in the community is a contributing factor to the availability of economic resources and also the extent to which families are capable of sharing material and other supportive resources through informal networks of support.

Mothers' Status

Census data for the percentage of married women (with children less than 6 years of age) in the labor force was significantly correlated with child maltreatment, and in particular, child neglect. This finding is consistent with Garbarino's study of 58 counties in New York in which the strongest predictor of maltreatment rates was married mothers in the labor force.[6]

The percentage of female-headed households (with children) was significantly correlated with child abuse. This finding is also supported by previous research linking single parenthood with increased risk for child maltreatment.[7]

These two variables taken together may partially reflect the extent to which mothers in a given county may be subject to economic and parenting stress.

Economic Assistance

The average monthly AFDC expenditure per child in each county ranged from $31 to $56 per month. The inclusion of this variable added significantly to the prediction of abuse rates but not neglect. The direction of the correlation was negative; the greater the average AFDC payment, the lower the county rate of child abuse. It had been anticipated that economic assistance would be more valuable for predicting neglect since economic factors seem to be important for that form of maltreatment. An explanation for the unexpected result may lie in the importance of female-headed households for abuse rates and that economic assistance to this specific group of families results in a reduction of the risk of such families for child abuse. Obviously other variables may be operating, variables which coincide with higher AFDC expenditure levels and contribute to lower abuse rates.

Mobility, as measured by the percentage of persons living in the same county less than 5 years, was not found to be a significant factor in explaining maltreatment rates. The five year time span may be too long since the most stressful period may be the first year after moving to a new community. For the county level data, census information was not available for the shorter time span and could not be included in the study.

Ethnicity

Two variables were examined in connection with maltreatment rates among the separate ethnic groups: 1. ethnic density, or the proportion of the specific ethnic group population to the total population, and 2. urbanicity, or the urban-rural status of the county. Table 2 summarizes the results of this analysis. The findings indicate that urbanicity is a significant factor in predicting higher maltreatment rates among Blacks and Mexican Americans but that ethnic density among Mexican Americans is predictive of lower maltreatment rates.

The result for urbanicity supports the notion that the urban environment has a negative effect on the supportive functions of extended families. The finding for ethnic density suggests that support networks and access to other resources may be critically deficient for Mexican Americans living in counties where Mexican Americans are socially and geographically isolated.

The community characteristics and ethnicity study provided support for the generalizability of the predictive model as developed by previous ecological research. The predictive power of economic status, working mothers, and single mothers was replicated and provided support for the view that child maltreatment is not a function of poverty, per se, but depends upon the availability of resources and the relationship that a family has to the various formal and informal supportive resources in a community. The study also demonstrated the cumulative effects of large proportions of "high risk families" in a given community together with the lack of effective supportive resources.

The ethnicity findings suggest the need for additional research which examines the influences of other community characteristics upon maltreatment rates. The findings of this study indicated that factors associated with urbanization and ethnic density are stronger predictors of Black and Mexican American rates than are family income and the availability of economic assistance, while the reverse is indicated for the Anglo population. Table 3 shows the differences in maltreatment rates for the three ethnic groups statewide and also offers a partial explanation for the overrepresentation of non-Anglo maltreatment rates. The table shows that non-Anglo families, particularly Black families, have more poverty, fatherless homes, and working mothers. Mexican American families also have a higher incidence of poverty than do Anglo families, but the proportions of single and working mothers are approximately the same. As would be expected given the differences among these various predictor variables, the average Mexican American child maltreatment rate for a county is less than the average for Black families and more than the average for Anglo families.

In reviewing the results of the study it should be noted that the amounts of variance predicted by the variables although significant in the instances described, are relatively small.

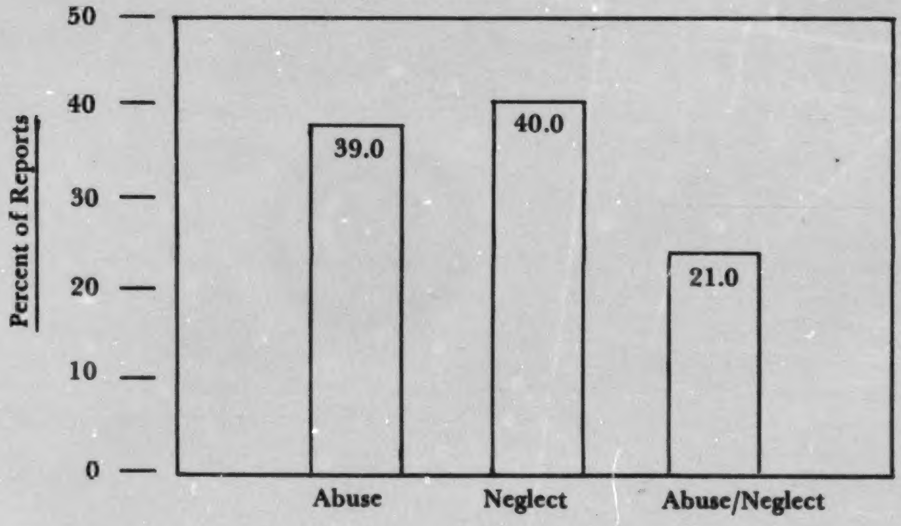
Other variables must be assumed to be important in explaining the variations in maltreatment rates from county to county. Another consideration that must enter into the interpretation of these results is the possibility of reporting errors, omissions, and systematic reporting bias across counties. It is assumed that errors and omissions would be a constant factor across all counties. It is also assumed that systematic bias was not operating with regard to socioeconomic factors. These assumptions are supported by recent research into these reporting problem issues.[8] Also, a national survey of self-reported family violence found an inverse relationship between parental income and occupational status and parental violence toward children.9 Another national study compared officially reported maltreatment cases and maltreatment cases unreported but observed by various community agencies. The findings of the study indicated that the association between poverty and child abuse is not an artifact of the reporting system.[10]

III. Another study has been initiated at the Resource Center with the objective of exploring additional variables as predictors of child maltreatment. Variables and data sources are being identified and assessments are being made of both research and theoretical literature as well as recommendations of professionals in the field of practice. To the extent possible, data will be collected and broken out by ethnicity in order to develop a clearer understanding of how the variables may have a differential effect from one cultural environment to another. It is also anticipated that the different rates of maltreatment among the three primary ethnic groups will be partially explained by controlling for the effects of other variables. As indicated in the preliminary data reported in Table 4 there are notable differences, by ethnicity, in the chances that a child would be born into the risk states implied by large families, teenage mothers, unmarried mothers, health problems, and lack of health care. There are also other differences in the characteristics of families of children as indicated by the census data reported in Table 5.

The premise of the current study is that there are indeed ethnic differences in maltreatment rates but that it is the "realities of life" that induce particular patterns of behavior.[11] These realities include family, economic, educational, and community stressors that are unequally experienced by the various ethnic groups in our society. More research needs to be conducted with the aim of disentangling the effects of social class and ethnicity. Only by dealing with this problem directly can we develop a better understanding of, and guidance for, culture-specific prevention strategies.

Figure 1.

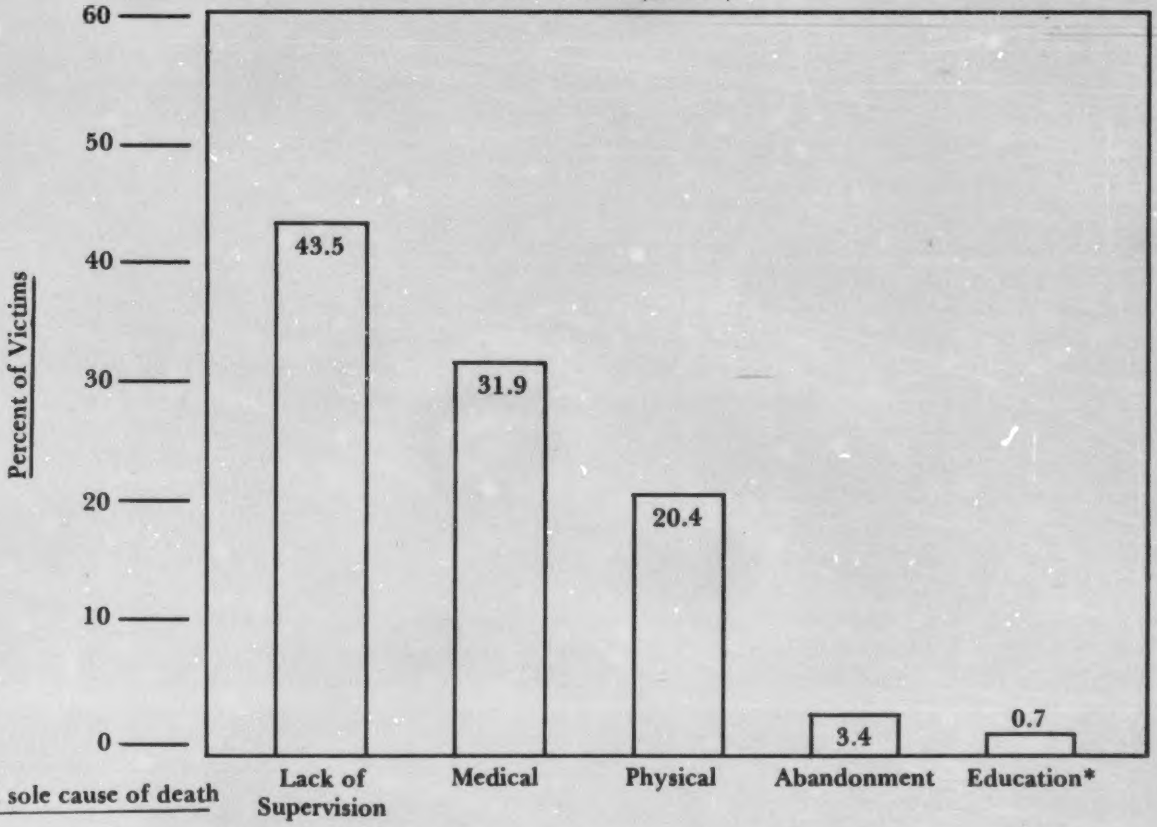
Type of child abuse and neglect incident implicated in death of child



Source: Region VI, Child Abuse and Neglect Resource Center, Child Deaths in Texas. University of Texas, Austin, 1981.

Figure 2.

Primary categories of neglect suffered by child death victims (N=147)

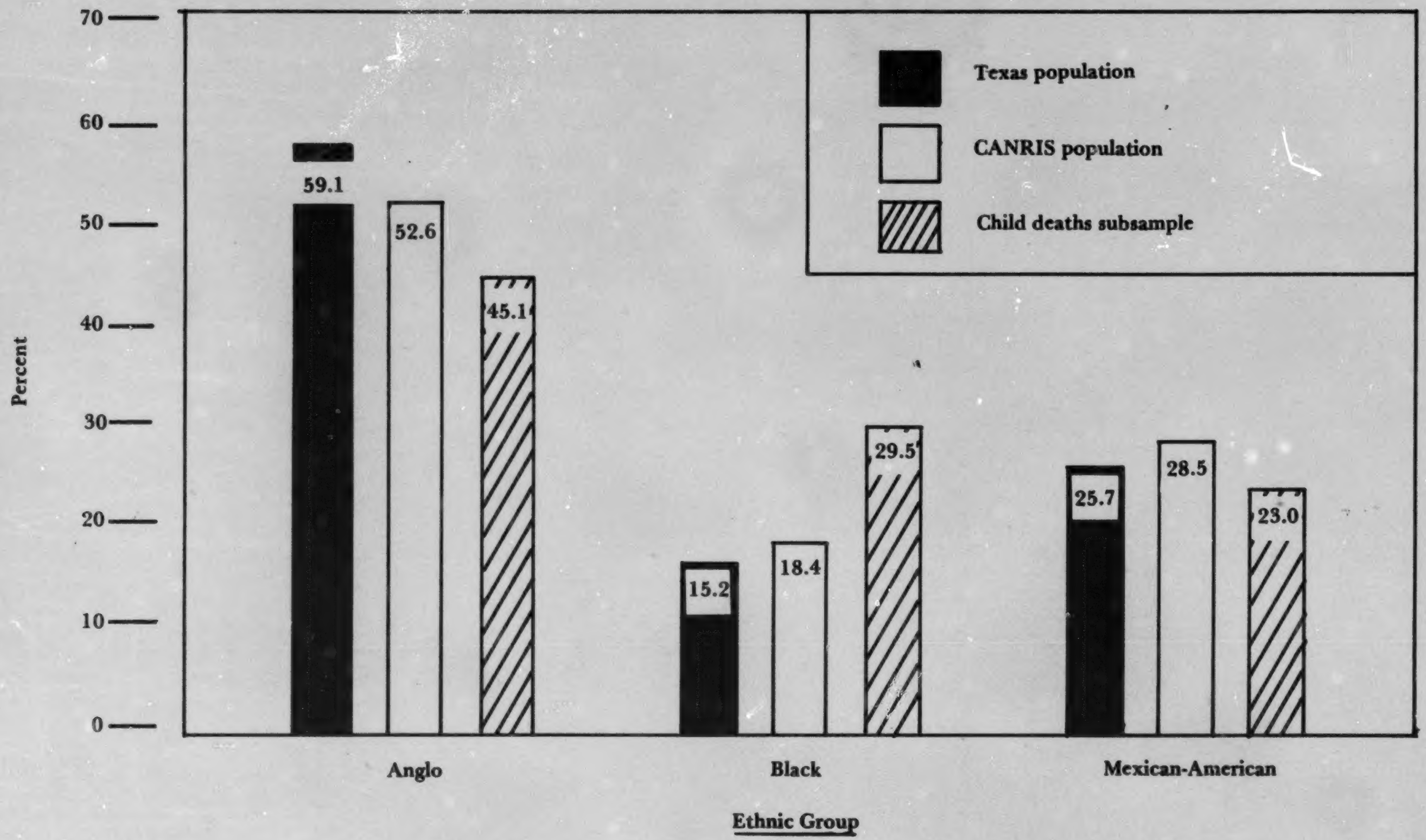


* Not sole cause of death

Source: Region VI, Child Abuse and Neglect Resource Center, Child Deaths in Texas. University of Texas, Austin, 1981.

Figure 3.

Distribution of maltreated under-18 population for three ethnic groups



Source: Region VI, Child Abuse and Neglect Resource Center, Child Deaths in Texas. University of Texas, Austin, 1981.

Table 1

Analysis of Relationships of Selected Ecosystem Indicators with Child Maltreatment Rates (Per 1000 Families) for 246 Texas Counties

	Total Abuse and Neglect			Abuse			Neglect		
	r	Multiple R	R^2 Change	r	Multiple R	R^2 Change	r	Multiple R	R^2 Change
Economic Status									
Percent of Families with incomes less than $8000	.09	.09	.008	.04	.04	.001	.09	.09	.008
Percent of Families with incomes greater than $15,000	-.17**	.19	.030**	-.10	.12	.014	-.17**	.19	.029**
Mothers' Status									
Percent of Married Women (with children less than 6 years of age) in the labor force	.21**	.28	.039*	.16**	.19	.023	.19**	.26	.028*
Percent of Female Headed Households (with children)	.20**	.31	.011	.19**	.26	.018*	.19**	.29	.010
Mobility									
Percent of Persons living in the same county less than 5 years	-.06	.29	.011	-.09	.22	.012	-.04	.27	.006
Economic Assistance									
Average Monthly AFDC expenditure per child	-.14*	.33	.014	-.19**	.31	.032**	-.10	.30	.007
	Overall R^2 = .112 Overall F = 5.20**			Overall R^2 = .100 Overall F = 4.43**			Overall R^2 = .090 Overall F = 3.89**		

---

* $p < .05$, ** $p < .01$

Adapted from: Spearly, J. and Lauderdale, M., "Community Characteristics and Ethnicity in the Prediction of Child Maltreatment Rates," *Child Abuse and Neglect: The International Journal*, 7:91–105 (1983).

Table 2

Analysis of Relationships of Ethnic Density and Urbanicity with Specific Rates of Child Maltreatment (per 1000 Anglo, Black, or Mexican-American Families)

	Anglo Abuse and Neglect (244 Counties)			Black Abuse and Neglect (131 Counties)			Mexican-American Abuse and Neglect (172 Counties)		
	r	Multiple R	R^2 Change	r	Multiple R	R^2 Change	r	Multiple R	R^2 Change
Ethnic density (percent Anglo, percent Black, or percent Mexican-American respectively)	-.04	.04	.001	-.05	.05	.003	-.14*	.019	.019
Degree of urban population (rural, moderately urban, highly urban)	.06	.96	.003	.29**	.30	.089**	.22**	.065	.046**

---

* $p < .05$, ** $p < .01$

Adapted from: Spearly, J. and Lauderdale, M., "Community Characteristics and Ethnicity in the Prediction of Child Maltreatment Rates," Child Abuse and Neglect: The International Journal, 7:91–105 (1983).

Table 3

Ecosystem Risk Indicators and Maltreatment Rates by Ethnic Designation

	Anglos (244 Counties)	Blacks (131 Counties)	Mexican-Americans (172 Counties)
Economic Status			
Percent of Families with incomes less than $8000	52.9	84.3	76.5
Percent of Families with incomes greater than $15,000	12.9	1.8	3.8
Mothers' Status			
Percent of Female Headed Households (with children)	6.9	22.8	9.4
Percent of Married Women (with children less than 6 years of age) in the labor force	27.8	46.5	24.1
Mobility			
Percent of Persons living in the same county less than 5 years	81.2	74.8	73.4
Ethnic Density			
Proportion of total county population (%)	74.9	15.2	24.5
Ethnic Maltreatment Rates			
Rate of total maltreatment per 1000 Anglo, Black, or Mexican-American families	12.3	23.3	18.2

Adapted from: Spearly, J. and Lauderdale, M., "Community Characteristics and Ethnicity in the Prediction of Child Maltreatment Rates," Child Abuse and Neglect: The International Journal, 7:91–105 (1983).

Table 4

Selected Texas Vital Statistics - 1981*

	ANGLO	BLACK	MEXICAN-AMERICAN
Percentage of low weight births (< 5 lb., 9 oz.)	5.9%	12.9%	6.2%
Percentage of births to unmarried mothers	6.7%	44.4%	12.4%
First months in which prenatal care was received (average)	2.8	3.5	3.6
Percentage who received no prenatal care	1.4%	3.8%	5.1%
Percentage of births to teenage mothers	13.8%	26.8%	20.7%
Average birth order	1.8	2.1	2.5
Percentage of 5+ order births	2.2%	5.5%	10.2%
Percentage of premature births (< 28 wks.)	.47%	1.37%	.57%

*Computed from statewide totals for each ethnic category separately. For example, 10.2% of all Mexican-American births in 1981 were born into a family in which there had already been at least four previous births.

Texas Vital Statistics categories are White Spanish Surname, White Non-Spanish Surname, and Negro.

Table 5

Percentage of Persons 17 and Under by Race and Household in Texas* – 1980 Census

	ANGLO	BLACK	MEXICAN-AMERICAN
Own child of one parent family:			
male parent	1.96%	2.97%	2.04%
female parent	10.34%	33.13%	13.56%
Own child of two parent families	90.92%	55.98%	84.92%
Living with other relative:			
single adult family	1.49%	9.56%	3.79%
two adult family	4.35%	7.40%	6.41%

*Computed from statewide totals for each ethnic category separately. For example, 6.41% of Mexican-American children 17 and under are living with two adult family of relatives.

Census categories are Non-Hispanic White, Non-Hispanic Black, and Hispanic-Mexican.

Footnotes

[1] Garbarino, J., Children and Families in the Social Environment, Aldine Publishing Co., New York, 1982.

[2] Brofenbrenner, U., The Ecology of Human Development, Harvard University Press, Cambridge, Mass, 1979.

[3] Region VI Child Abuse and Neglect Resource Center, Child Death In Texas, University of Texas, Austin, 1981.

[4] Spearly, J.L. and Lauderdale, M., "Community Characteristics and Ethnicity in the Prediction of Child Maltreatment Rates, " Child Abuse and Neglect: The International Journal, 7:91–105, 1983.

[5] Ibid. p. 97.

[6] Garbarino, J., "A Preliminary Study of Some Ecological Correlates of Child Abuse: The Impact of Socio-economic Stress on Mothers," Child Development, 47:178-185, 1976.

[7] Friedman, R.M., Child Abuse: A Review of the Psychosocial Research. In Four Perspectives on the Status of Child Abuse and Neglect Research. National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services, Washington, D.C., March, 1976, NTIS No. PB-250 852.

[8] Garbarino, J. and Crouter, A., "Defining the Community Context For Parent-child Relations: The Correlates of Child Maltreatment, Child Development, 49:604-616, 1978.

[9] Gelles, R.J. and Straus, M.A., "Violence in the American Family," Journal of Social Issues, 35: 15-39, 1979.

[10] Burgdorf, K., National Study of the Incidence and Severity of Child Abuse and Neglect, National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services, Washington, D.C., December, 1980.

[11] Garbarino, J., "Ethnic and Cultural Difference in Defining Child Abuse," Background readings for the Second National Conference on Child Abuse Prevention, Wingspread, Racine, Wisconsin, June 30, 1981.

NEW FINDINGS: ATTITUDES TOWARDS CHILD ABUSE AND CHILD REARING PRACTICES OF MEXICAN AMERICAN MIGRANT PARENTS

Frederick Cervantes, Ph.D.
Professor of Political Science
Corpus Christi State University
Corpus Christi, Texas

Introduction

The mistreatment of children has become a national social issue. The American public has been shocked and dismayed by countless reports of incidences of brutality waged against the nation's children. State governments across the country have instituted programs to protect children from abuse and neglect and numerous studies have been conducted concerning the problem. Answers have been sought to questions about what constitutes abuse and neglect and how to deal with abusive parents. Although the body of general knowledge about this social problem is expanding, little is known of the phenomena among specific population groups. This study represents an attempt to investigate attitudes toward abuse and neglect which are held by one particular group - - Mexican American migrants.

The broad goals of this study were three-fold. The study was designed to A) discover the child-rearing practices of migrant families; B) determine what attitudes Mexican American migrant families hold toward child abuse and neglect; and C) discover the extent of knowledge and usage of social programs by migrant families. It is hoped that through this endeavor we may reach a more comprehensive understanding of abuse and the Mexican American migrant.

The literature on child abuse and neglect, like the concern over the phenomenon itself, has grown rapidly over the last decade. Marian Eskin, in her 1980 U.S. Department of Justice report, reviewed over seventy publications on child abuse and neglect. She reports that although child abuse is not a new problem, what is new is that "it has been formally recognized and defined, reporting laws have been mandated, its incidence is being reported and tabulated, its pathology is being explored, and methods of prevention and treatment are being implemented." [1] There is limited material, however, which is directly related to child abuse among Mexican American migrant workers and specifically to their attitudes toward abuse and neglect.

The three studies examined in the course of this project provided much information in this area. The first involved an examination of community attitudes toward abuse and neglect and was designed to develop a clearer definition of the phenomenon. The sample was drawn from the Los Angeles metropolitan area which included almost 17% Hispanic respondents. The second study was conducted state-wide in Texas and included 10.8% Spanish surnames. In the third study, individual cases of reports of abuse and neglect were examined. Here the population included 140 Mexican American migrants.

The Los Angeles study,[2] conducted by Giovannoni and Becerra, was completed in 1979. A random sample was selected from the metropolitan area and some 1,065 interviews were conducted. Respondents were given vignettes to read (or have read to them) which described various activities including abusive or neglectful actions. Respondents then rated the vignettes on a nine-point scale with nine being the most serious form of abuse and neglect. The vignettes were categorized by type of abuse or neglect and overall average ratings were tabulated.

The results indicated that Hispanic respondents were less tolerant of abuse and neglect than white respondents. Of the 78 vignettes tested, total agreement among both respondent groups on the seriousness of a particular activity occurred in only seven vignettes. In 54 vignettes (or 69%) ratings of Hispanics were significantly higher than those of whites. In summary, the Los Angeles study provided insight into general views toward abuse and neglect and shed light particularly on the differences between Hispanics and whites.

Allen Sapp and David Carter[3] conducted a study of Texas residents' attitudes toward child abuse and neglect in 1978. Their evaluation of attitudes and awareness was based on a mail-out sample to which 1,139 persons responded, of which 10.8% were Spanish-surnamed. Unlike the Los Angeles study, the Texas project solicited opinions on whether or not a specific act was or was not abuse. Questions were asked concerning acts of physical abuse, sexual abuse, emotional abuse, and neglect of children.. In all, some 42 questions of abuse and neglect were asked. In addition, Sapp and Carter asked a series of questions concerning incidence of abuse and neglect.

The results of the Texas study indicated that a large majority of respondents believed that 36 of the 42 activities were abusive or neglectful. Almost half of the activities were considered abuse by over 90% of the respondents. Concerning incidence of abuse, 31.2% reported that they were aware of abused and neglected children in their community. (Although the Texas study did not compare attitudes toward abuse by ethnicity, such a comparison was made in this project and that data will be reported in the results section of this report.)

The final study reviewed was conducted by Dr. Lex Berrios.[4] In his assessment of child abuse and neglect among Mexican American migrants, Berrios examined Texas Migrant Council files of 193 cases of reported abuse. Through this examination he attempted to describe the etiology of abuse and neglect among migrants and make an assessment of the services rendered to the clients.

Based on the review of the literature and particularly the Sapp and Carter study, a questionnaire was developed by the TMC staff and the sample was selected. Interviewers were then selected and trained and the study was begun.

In addition, several testable hypotheses were developed. These hypotheses are:

1. Among Mexican American migrant families, the lower the socioeconomic status the greater the tolerance of child abuse.
2. Among Mexican American migrant parents, the more strict the person's parents the more strict that person will be with his/her offspring.
3. Among Mexican American migrant parents, the activities that one most often did with his/her parents will be most often done with his/her offspring.
4. The more satisfied Mexican American migrant parents are with child welfare services the less tolerance they will express for child abuse.
5. The more familiar Mexican American migrant workers are with child welfare services the less tolerance they will express for abuse of their own children.
6. Among Mexican American migrant workers, the greater the acceptance of the state's right to intervene in the family processes, the less tolerance they will express for child abuse.
7. Among Mexican American migrant workers, the greater the acceptance of the state's right to intervene in the family processes, the less tolerance they will express for severe discipline of children.
8. Among Mexican American migrant workers, the greater the willingness to accept placement of children outside the home, the less tolerance they will express for child abuse.
9. Among Mexican American migrant workers, the more traditionally Mexican American the values of the family, the less tolerance they will express for child abuse.
10. Among Mexican American migrant families, the more integrated into the neighborhood, the less tolerance they will express for child abuse.
11. Mexican American migrant workers are less tolerant of abuse than other Texas residents.

Results and Analysis

The results of the study will be presented in two subsections. The first will include the descriptive results which were sought and these descriptive results will be presented in the form of profiles. The second sub-section will include an analysis of the data and will be based on several theoretical hypotheses. This analysis will predominantly rely on the results of this project but will also tap the data of the Sapp and Carter study.

Descriptive Results

The descriptive facts obtained from the study will be reported here in the form of profiles. First, a profile of the respondents will be given, followed by a profile of the main provider. Next, the migrant family will be profiled, and finally, a profile of attitudes will be constructed.

Profile of Respondents

The typical respondent to the study was a female (89%) with about six and one-half years of formal education. She was probably born in either Texas (59%) or Mexico (39%) and answered the questionnaire in Spanish (79%). The respondent was Catholic 83% of the time and over half had lived in their residence for more than 10 years. She was not working (76%) and if she did work, it was probably as a field hand (33%). The odds are more than nine-to-one that the respondent worked as a migrant at one time and when she did, she worked as a field hand. And three out of four times, the respondent said she was satisfied with her migrant work that averaged around 14 years.

When asked about their reasoning for working as a migrant, over half of the respondents indicated they were destined to be migrants. Concerning their feelings about their kids working in the fields, over 54% said that they did not "like the idea." As to their parents' work, over half of the respondents indicated that their father's most important job was migrant work.

Profile of Main Provider

The main provider of the study population family was a male 89% of the time. His average education was just under six years and he, too, was either a Texas or a Mexican native. In about 70% of the cases, the main provider was working and his job was either a field hand (42%) or a skilled non-farm worker (27%). He, too, was usually satisfied with his work. His tenure as a migrant worker, however, was only 10.8% years on the average. His explanation for working as a migrant was the same as the respondents' – related to fate.

Profile of the Family

The typical migrant family in the study lives in a town of less than 25,000, in a home where there is an average of 6 people. The family is made up of a husband, a wife and kids 79% of the time with an average of two boys and two girls. The family prefers to be called Mexican or Mexican American and is almost always Catholic. Ninety percent of the families have general incomes less than $10,000.

They begin migration normally by May of each year (63%) and end it by October (82%). They migrate most often to other parts of Texas or to Minnesota. Over half the families migrate together and leave a moderately well-furnished home which they own to reside in less well-equipped camps. In about 30% of the families, the children work in the fields and the mean age of kids who do go to work is just under 10½ years. Most have relatives in the same barrio and about 80% have relatives in the same city.

As to their child-rearing practices, 62% of the families use mostly Spanish or only Spanish in the home. They think that children should be brought up in "caring" ways. Almost one-quarter believe "old" ways are the best and about the same number favor "new" ways. However, almost 50% of the respondents indicated that strict rearing is the most appropriate way to raise a child. Over half believe some combination is best. Concerning the most important thing to learn, 42% cited obedience and 12% said honesty. Less than 2% indicated a sense of honor is the most important characteristic a child should learn.

In about one-third of the families the wife is the one who punishes the child but in over half, both parents fill this role. Disobedience (31%), bad manners (23%) and violence (22%) are the most serious things children can do. In almost half of the families, counseling was used before another form of punishment in response to this behavior. However, when asked what was the most frequent punishment they used, over 30% indicated physical sanctions were used most often.

As to rewards, over one-third of the families use praise and almost one-forth use psychic rewards when their children behave well.

Family interaction varies according to the activity. Over two-thirds of the respondents often talk with their kids yet only 39% often read to their children. In over 65% of the families, the wife relates more to the children than the husband. When respondents were asked about what the family does together, they responded that they often eat and watch television together.

Profile of Attitudes

The profile of attitudes of respondents was categorized into two areas. The first reflects attitudes toward what constitutes abuse and neglect, and their perceptions of the phenomenon. The second reflects their attitudes toward social service agencies.

Perceptions of Abuse

All respondents were asked to state whether or not specific acts were abusive or neglectful. The acts in question were categorized as: 1) physical abuse, 2) emotional abuse, 3) sexual abuse, and 4) neglect.

In the physical abuse category, twelve areas were analyzed. The question of "Is Spanking a Child With Your Hand Child Abuse?" solicited the fewest number of positive responses (24%). The two questions which brought forth the highest number of positive identifications concerned placing a child in hot water and biting a child. Both garnered 483 "yes" responses for 98%. Seven of the twelve categories solicited over 90% positive responses.

In the area of emotional abuse the range was from 55% to 98% for the eleven questions. "Locking a Child in a Closet" gathered the highest number of marks and "Yelling at a Child" the lowest. Five of the eleven acts were identified as abusive by over 90% of the respondents.

In the area of sexual abuse only one of the nine theoretical situations was below the nineteenth percentile-- "Kissing an Unrelated Child." Of the remaining eight, seven were above 95% and three were at or above 99%.

The neglect category had similar results. The "low" concerned the failure to provide religion, at 89%, and the high involved the failure to provide food (99%). The average neglect response was 94%.

The respondent's awareness of abuse and neglect was solicited through the asking of several separate questions. Of the 407 answering a question concerning their personal knowledge of abuse in the area, 16% indicated that they were aware of abuse. Only 8% indicated that they have ever reported abuse but 91% stated that they would be willing to report and 80% said that they were aware that it is mandatory (by law) to report abuse.

When asked to identify the abuses most common in the neighborhood, the largest percentage (47%) of those who answered that question indicated that physical abuse was the most common. The least common was sexual abuse -- 2%.

Respondents were also asked about the best way to handle child abuse and neglect. Over 96% of the respondents indicated that they approved of the state intervening in abusive situations and only 2% said they disapproved of state intervention.

A series of questions were also asked about where child abusers should go for help. Over 33% of the respondents identified Mental Health-Mental Retardation as the most appropriate agency and 9% indicated that the criminal courts were the appropriate place.

Finally, respondents were asked under what conditions of abuse should a child be removed from the home. Over one-third indicated that physical abuse would justify removal and less than 1% said that the child should never be removed.

Comparative Attitudes Toward Abuse

A salient study finding is that the migrant respondents have a low level of tolerance for child abuse. This is reflected in the data internally and in comparison with the data gathered by Sapp and Carter on Texas residents in general.

Using the Sapp and Carter study as an index for comparison, migrants appear to have even less attitudinal tolerance for certain forms of abuse than the general population of Texas. In Table I selected categories of abuse are compared between the Sapp and Carter study and this (TMC) study.

Table I

Comparison of Selected* Categories of Attitudes Toward Physical Abuse

Is Conduct Abusive?	Texas All (S&C)	Mex Am (S&C)	Migrant (TMC)
Pinching	70%	63%	80%
Spanking with Hand	7%	11%	24%
Slapping Face	68%	77%	92%
Spanking with Belt	32%	34%	53%
Spanking with Paddle	37%	53%	88%

* all items listed were for like questions and were selected on the basis of differences of 10% or more.

In Table II comparisons are made concerning emotional abuse.

Table II

Comparison of Selected* Categories of Attitudes Toward Emotional Abuse

Is Conduct Abusive?	Texas All (S&C)	Mex Am (S&C)	Migrant (TMC)
Threatening	54%	75%	81%
Yelling	35%	43%	55%
Force to Stand	53%	54%	68%
Force to Sit	46%	51%	71%

The same pattern exists in Table III concerning sexual abuse. Here the categories are fewer and the differences less.

Table III

Comparison of Selected* Categories of Attitudes Toward Sexual Abuse

Is Conduct Abusive?	Texas All (S&C)	Mex Am (S&C)	Migrant (TMC)
Touching Genitals	73%	80%	98%
Kissing Non-related Child	15%	23%	57%
Photographing Nude	81%	83%	97%

As can be seen from the above tables, Texas Mexican American migrants are less tolerant of abuse than Texas residents in general. When ethnicity is controlled, a major difference still exists.

Attitudes Toward Social Service Agencies

All respondents were asked a series of questions about two sets of social programs. The first set concerned agencies of a general welfare nature such as food stamps and old-age assistance. The second concerned agencies specifically concerned with the protection and care of children. Respondents were first asked if they were aware of the service, then if they used it and if so, whether they were satisfied with the service. The results indicate that although a vast majority of the respondents are aware of social welfare programs there is a relatively low level of usage. When respondents did indicate a use of a program the satisfaction level was quite high, however. Awareness of child protection and care programs was also quite high but the level of usage was less than 10% in all cases.

Analysis

A theme underlying a number of hypotheses advanced earlier is the supposition that migrants familiar with social services would be favorably disposed toward their utilization and less tolerant toward child abuse. Effective measurement of supposition was negated by the overwhelmingly large proportion of respondents who indicated that they were aware of the services but did not use them.

61

Although attitudes concerning acceptance and satisfaction with state services were not testable, one question concerning the placement of abused children did indicate significant differences in attitudes. Those who preferred to leave the placement of children to social welfare agencies registered somewhat lower levels of tolerance toward most items of physical and emotional abuse than did those suggesting that placement should be made with family or an ethnic specific home.

The hypothesis that lower socioeconomic status would correlate with a greater tolerance of child abuse among Mexican American migrants was testable but was not substantiated. There was, however, limited evidence that indicated that lower educational status is consistent with lower levels of tolerance toward abuse. (See Table IV.)

Table IV

Selected Attitudes Toward Physical and Emotional Abuse by Education

Is Conduct Abusive?	Less than 6 Years Schooling	6-9 Years Schooling	Over 9 Years Schooling
Pinching a Child	90%	81%	64%
Spanking with Wooden Paddle	96%	88%	78%
Yelling at a Child	64%	57%	41%
Putting a Child in Corner	73%	68%	63%
Forcing to Sit	78%	68%	64%

In the case of sexual abuse, attitudes were fairly consistent across educational levels except for attitudes toward kissing an unrelated child. On this item, 67% of those respondents whose family provider had less than six years of education indicated that such conduct was abusive. In cases where the level was six to nine years of schooling, the rate dropped to 58% and down to 42% levels about nine years.

The variables used to assess the importance of traditional Mexican American values seem to offer the most comprehensive explanation for relative attitudes towards abusive actions. Among the variables used to discern traditional values, however, a distinction is apparent. Those questions used to measure the importance of the extended family and neighborhood ties were not as important as were questions related to the most distinctly cultural factor of language use.

In this study it was hypothesized that the more integrated into the neighborhood families were, the less tolerant they would be of child abuse. The tests used for the hypothesis, however, were not very instructive. Correlations between the question of willingness to report abuse with the extent to which migrant families meet with their compadres, co-parents get together with their neighbors or meet with relatives in the same city or barrio were statistically insignificant and lack of cohesive pattern of contrast. The attitudes toward child abuse were uniform for those who get together with their neighbors frequently and those who do not. Similary, attitudes toward sexual and emotional abuse of children as well as views on child neglect did not contrast significantly in terms of relative measures of integration into the neighborhood or family.

There were some notable differences in attitudes towards abuse when contrasting respondents according to whether they preferred "traditional," "new" or "both traditional and new" child-rearing methods. However, the differences noted do not speak to the importance or lack of importance of "traditional" values. Rather the findings suggest that respondents with a clear preference for either old or new ways of rearing their children are both somewhat less tolerant toward abuse than those who are more ambiguous in their child-rearing methods. While there is no significant difference to be reported in terms of attitudes toward neglect and sexual abuse by this variable, Table V indicates some variance in terms of attitudes toward certain items concerning emotional abuse and spanking with the hand.

Table V

Attitudes Toward Selected Categories of Abuse by Preferred Methods of Child Rearing

Is Conduct Abusive?	% Agreeing Traditional Methods	 New Methods	 Both Methods
Scaring Child	78%	86%	74%
Yelling at Child	64%	58%	49%
Placing Child in Corner	68%	77%	63%
Spanking with Hand	30%	28%	18%

In related data on child rearing a correlation at the significance level of .000 was found in matching perceptions of lenience and strictness in the reported rearing practices of respondents and the respondents' parents. In respect to the hypothesis tested here -- that the more strict the person's parents the more strict the person will be with his/her own offspring -- the data provides some corroboration. That is, there is some evidence that the stricter one was raised the stricter one will be with his/her children (50%) and the more neutral (or in-between) one was raised, the more neutral one will be. (See Table VI.)

Table VI

Migrants Preferred Method of Child Rearing by Method Used by Parents

Respondent's Method	Respondents' Parents' Method % Lenient	 % Strict	 % In Between	 % Both
Lenient	38%	4%	0%	20%
Strict	38%	50%	14%	33%
In Between	22%	35%	82%	27%
Both	3%	12%	4%	20%

A correlation that does track in ways that suggest the importance of cultural traditions is the relationship found between the use of Spanish and attitudes toward abuse. The respondents who report using Spanish only or mostly Spanish in their homes consistently reported lower levels of tolerance toward physical abuse than did either those who reportedly use both languages equally or use English either only or mostly. This contrast is, of course, particularly significant in contrasting in the two large cohorts: "Spanish Only" (260) and "Both Equally" (170). (See Table VII.)

Table VII

Attitudes Toward Physical Abuse by Language Used in the Home

Is Conduct Abusive?	% Agreeing Spanish Only	Both Equally
Violent Shaking	90%	71%
Pinching	92%	69%
Spanking with Hand	34%	14%
Slapping Face	97%	91%
Spanking with Belt	64%	43%
Spanking with Paddle	95%	79%
Spanking with Coathanger	98%	95%
Pulling Hair	97%	88%

A similar pattern was found in contrasting attitudes toward emotional abuse with language usage. As indicated in Table VIII, marked differences are apparent between those who use "Spanish Only" in the family and those who use "Both Equally."

Table VIII

Attitudes Toward Emotional Abuse by Language Used in the Home

Is Conduct Abusive?	% Agreeing Spanish Only	Both Equally
Scaring	81%	74%
Threatening	83%	81%
Yelling	64%	42%
Cursing	95%	88%
Putting in Corner	83%	64%
Humiliating	99%	91%
Locking in Room	91%	85%
Making Sit	77%	65%

Attitudes toward sexual abuse and neglect also track by language use but differences are considerably smaller. The only item indicating a significant difference concerned the kissing of an unrelated child. Those that were closest to Spanish dominance are relatively less tolerant of the practice.

Another finding that suggests the importance of cultural variables in explaining the relatively low level of tolerance toward child abuse among Mexican-origin migrants is the pattern of correlation between attitudes toward abuse and preferred terms of ethnic or national self-identification. That is, those who preferred to be called "Mexicans" (47% of the sample) recorded consistently higher scores in identifying behaviors they considered abusive than did those in the sample who preferred the more assimilationist self-identifiers of either "Mexican American" (33%) or "Spanish-speaking American" (20%). Moreover, the comparability of those answering "yes" on all the items used to measure attitudes toward abuse is notably parallel between dominant Spanish speakers and those who preferred to be called "Mexicans" on the one hand, and between dominant English speakers and those who preferred being called Mexican Americans or Spanish-speaking Americans on the other hand. (See Table IX.) This parallelism was also striking on an item by item basis for each of the forms of abuse measures.

Table IX

Average Percentage of Migrants Indicating that Described Behaviors Constituted Abuse by Language and Self-identifiers

	Large Group		Self-identification Group		
	% Mostly Spanish	% Mostly English	% Mexican	% Mexican American	% Spanish-speaking American
Average Physical Abuse Score	87%	77%	87%	79%	81%
Average Sexual Abuse Score	94%	90%	95%	91%	91%
Average Emotional Abuse Score	87%	79%	87%	79%	83%
Average Neglect Score	96%	91%	96%	92%	93%

It should be noted that while language preference and preferred labels of self-identification are related, they are nevertheless independent variables that can be accordingly understood among people of Mexican origin in the United States, as separate dimensions of traditional versus assimilationist cultural tendencies. Of those who preferred to be called "Mexican," 80% spoke either all or mostly Spanish while the remaining 20% spoke either all or mostly English. Conversely, of those who preferred to be called "Mexican Americans," 47% reported speaking all or mostly Spanish with the majority (53%) indicating a preference for English speaking. Linguistically ironic but culturally consistent is the finding that 58% of those who preferred to be called "Spanish-Speaking Americans" preferred speaking English over Spanish according to the cross-tabulations.

Conclusions

Drawing conclusions from a study of this magnitude is an arduous task at best. In some cases the data speak quite clearly and in others one must be somewhat speculative and cautious.

As to the descriptive facts, the information is self-evident. Mexican American migrants are poor, low skilled individuals with large, extended families. They tend to have low levels of education and low mobility outside of their migration patterns.

Their child-rearing patterns follow those of their parents and their interaction with their offspring is somewhat limited. They use a variety of rewards and punishments with their children and they consider obedience an important lesson for their children to learn.

Their attitudes toward abuse and neglect are generally ones of low tolerance. They feel that although there is some abuse in their community, they tend not to report it.

Their attitude toward social agencies is quite positive but their level of use of these same agencies is low. They do feel that abusive action is best dealt with by the state.

When migrant attitudes toward abuse and neglect are compared with the general population of Texas, it appears that migrant tolerances toward this behavior is considerably lower in certain areas. This lower level of tolerance is apparently due to traditional Mexican American values and practices. There is little evidence that income or socioeconomic status has any effect on tolerance levels among Mexican American migrants. Income, perhaps because the levels were homogeneously low compared with those of other populations that have been studied, did not prove a significant variable. There was limited evidence, however, that lower educational status is consistent with lower levels of tolerance toward abuse among Mexican American migrants.

What is quite clear is that differences do exist and these differences should be explored in more detail. A deeper investigation into patterns of abuse along the lines of the Berrios study could prove quite useful in this regard. In addition, a study which would probe the differences found in this investigation could assist in broadening the knowledge concerning this phenomenon.

End Notes

Marian Eskin, *Child Abuse and Neglect*: *A Literature Review* (Washington, D.C.: U.S. Department of Justice, 1979) p.2.

Giovannoni and Becerra, *Defining Child Abuse*, (See Chapter 4.)

Sapp and Carter, *Child Abuse in Texas.*

Lex Berrios, *Child Abuse and Neglect Among Mexican American Migrants* (Laredo, Texas: Texas Migrant Council, Inc., 1979).

III.

CULTURALLY RELEVANT INTERVENTION APPROACHES WITH MEXICAN AMERICAN FAMILIES

"UNA FAMILIA SANA" – SPANISH LANGUAGE EDUCATIONAL RADIO PROGRAMMING FOR DECREASING CHILD ABUSE AND NEGLECT[1]

Teresa Ramirez Boulette, R.N., Ph.D., Clinical Psychologist[2]
Santa Barbara County Mental Health Services
Santa Barbara, California

Introduction

The intent of this paper is to advocate that health/mental health promotion and child abuse prevention focused on low-income Hispanics be comprehensive in content and ethnic-sensitive in approach. "Comprehensiveness" as used here refers to the inclusion of special health and social hazards associated with being a minority underclass population, and consideration of the substandard health delivery systems that such populations have access to. Awareness of this population's special stresses, lower levels of health information and lower frequency of use of preventive health practices, are additional factors pertaining to comprehensiveness.

Specific to ethnic-sensitive interventions, the author will describe a Spanish-language radio series, and other interventions designed and tested by her.

CHILD ABUSE/NEGLECT

Child abuse and neglect is said to be the number one killer of children (Fontana, 1973). This is a gross understatement. It is true that child abuse and neglect kills, cripples, bruises, lacerates, fractures, and mutilates the child's body. It also kills, cripples, bruises, lacerates, fractures, and mutilates the child's spirit. It mars his childhood, prevents the development of his full intellectual, emotional, and cultural potential, and damages his relationship with his parents, peers, and community. In essence, it weakens his chances for a successful, stable adult life. Therefore, child abuse and neglect not only kills life, but also kills quality of life.

In addition to overt abuse and neglect, the child can also be distressed and damaged by more covert forms of abuse and neglect. Examples of such covert forms are the inadvertent failure to understand and appreciate the child's developmental abilities and needs because of parental distress or ignorance, failure to utilize available community enrichment resources, and failure to recognize the importance of childhood play, curiosity, and imagination. Failure to teach the family's rich cultural traditions, retain the Spanish language, and involve the extended family, also constitute cultural and emotional neglect because these failures may rob him of a source of identification and group support.

The Hispanics

The importance of producing low-cost Spanish language mass media educational programming for preventing, or at least minimizing, child abuse/neglect among low-income Spanish-speaking/surnamed populations is well-documented. Even though Spanish-speaking/surnamed populations are similar to white and black parents in condemning all forms of child maltreatment (Giovannoni and Becerra, 1979), yet ". . . the absolute rate of maltreatment is a function of the degree of stress experienced by a group of people due to their position in the social system" (Cohn, et al., 1981, p. 15).. The disadvantaged position of the Spanish speaking/surnamed in the social system is well-documented (Grebler, et al., 1970): and the likely impact of multiple stressors on physical, emotional, and family health has been reported (Boulette, 1979; Boulette, 1980).

The harsh reality of the Spanish-speaking/surnamed stressful disadvantaged social position, combined with anecdotal reports from clinicians in the field, predict a high need for child abuse and neglect prevention. For example, Lauderdale, et al. (1980) found Blacks and Mexican Americans from Texas to have a higher rate of maltreatment.

---

1. Excerpts from this paper have been published in Hispanic Natural Support Systems, Valle, Ramon and Vega, Wm. (Eds.), under Teresa Ramirez Boulette, 1980.

2. Teresa Ramirez Boulette, Ph.D., is a Registered Nurse, Marriage, Family and Child Counselor, and Licensed Psychologist. She is currently employed at Santa Barbara County Mental Health Services, Santa Barbara, Ca. as a Senior Clinical Psychologist. Of her 18 years of clinical experience, 15 have been primarily with low-income Chicano/Mexicano adult populations. She has designed and tested diagnostic, individual and group therapy, and health promotion models for this population. She is the author of articles and papers in this field.

Prevention Priority Issues

Effective child abuse and neglect prevention and mental health promotion among the Chicanos/Mexicanos must be based on the reality that optimal mental and emotional functioning is directly related to physical, social and environmental-ecological factors. For example, Chicanos/Mexicanos are more likely than persons in the general population to be born with physical and/or neurological defects, to be faced with more chronic and acute illnesses, and to be exposed to more damaging ecosystems. In addition, they are more likely to be distressed by frequent parental illness, and to be faced with the effects of poverty and ethnically based prejudices, alcoholism, incarceration, family dissolution, and lowered life expectancy. These realities should constitute priority issues for those engaged in mental health promotion and child abuse prevention.

Health Hazards

Low-income minorities are more frequently exposed to health hazards than the general population, and this exposure predisposes them to unfavorable physical, intellectual, emotional, and social outcomes. Unfortunately, the literature in this area specific to the Chicano/Mexicano is so sparse as to be almost totally lacking. Therefore, the logic of this presentation will proceed on inferences drawn from extant data on non-white and/or low-income populations, as well as on the author's 15 years of clinical experience with Chicano/Mexicano population.

Despite its limitations, the literature supports the view that many of these hazards are preventable and their disabling consequences minimized if detected and treated early. Left untreated many of these conditions grow into serious health-related developmental problems with far-reaching consequences. Rogers (1978), among many analysts, traces the close connection between such health factors and later mental health problems. For example, an undetected and untreated hearing problem in a child can lead to communication problems which may trigger abuse in the home, failure in the school, and subsequent conduct problems which can result in social and emotional problems.

Maternal and Neonatal Health Hazards

For a large portion of the Hispanic population, the health risks begin with gestation. During this period, Chicano/Mexicano mothers are less likely to receive prenatal care, especially during the crucial first trimester (Rudov and Santangelo, 1979). This factor can have serious developmental consequences. For example, low-income newborns are frequently of low birth weight, a major factor in infant mortality and morbidity. Low birth weight infants also have 17 times the death rate and three (3) times the number of birth defects as normal weight babies (Snapper, et al., 1975). Low-income minority children who survive their higher mortality rates are also more frequently born brain-damaged, mentally retarded, premature, and afflicted with cerebral palsy and epilepsy (Hirsch, 1969). They are also more likely to be physically defective than children with normal birth weights (Birch and Gussow, 1970; Eisenberg, 1970; Robinson, 1972; Kosa, et al. 1975; Rudov and Santangelo, 1979; Hirsch, 1979).

The child abuse and neglect implications associated with having a special-needs child under conditions of high fertility and poverty are obvious. The special-needs child may overstress an already overstressed family system with resulting negative outcomes for the child and/or siblings.

In addition to a highly unfavorable gestation, birth, and first year of life, low-income minority children have been more frequently found to have middle ear infections and associated hearing loss, visual disorders, and iron deficiency anemia; they also have more caries, dental and gum diseases, influenza, pneumonia, gastroenteritis, colitis, and diseases due to faulty immunization patterns. They more frequently suffer from environmental stress and dietary deficiencies (Lerner, 1969; Birch and Gussow, 1970; Kessner and Kalk, 1975; Kosa and Robertson, 1976; Rogers, 1978). Having a sick child or several sick children under conditions of poverty may cause neglect of other children or may trigger stress-related, abusive parenting behaviors.

Adult Health Hazards

Poverty, prejudice, and their concomitants have been found to produce higher rates of morbidity and mortality among minority poor adults. For example, the low-income minority mother is three times as likely to die during child-birth as her Anglo/white counterpart. Research indicates that Blacks and Latinos have a higher risk of contracting cancer of the cervix. The Haenzel, Hillhouse New York Study (1959) cited by Kessner and Kalk (1973) in their analysis, indicates that 4.7 deaths per 100,000 occurred for Jewish women, 17.1 for other white women, 53.6 for black women, and 109.8 for Puerto Rican women.

Recent research also has shown that nonwhite women are more likely to use therapeutic abortion than their counterparts; there is, however, little evidence that they have the corresponding health/ mental health counseling resources of the majority culture counterparts. This is particularly true for non-English speaking minorities. In 1975, minority women aborted 200 more fetuses per 1000 live births than did white women, and in 1976 minority women had 530 spontaneous abortions per 1000 live births as compared to 289 abortions for white women (Center for Disease Control, 1978; Amaro, 1980). Many believe that the Chicanas' culture and religion would mitigate their high use of abortion. This may be a myth; there is evidence to the contrary. Studies reviewed by Amaro (1980) indicate that Latinas of Latin America have high abortion rates despite legal and religious prohibitions, and the abortion rates of Puerto Ricans were as high as black abortion rates in the United States. Amaro further indicates that 13% of the 110,000 women receiving Medi-Cal funded abortions in California during 1976-77 were Hispanic. Chicanas comprise 80% of the women living in the Texas-Mexico border area, and this group is said to have 75 times higher complications from illegal abortions than their counterparts (Cates, et al., 1978; Amaro, 1980). These Chicanas have those key population characteristics associated with high use of abortion: minority status, young age, low socioeconomic status, and high fertility (Amaro, 1980). Minority low-income women have also been found to have higher rates of venereal disease (Rudov and Santangelo, 1978).

Nonwhites also have a higher prevalence rate for diabetes mellitus. They more frequently see their physicians, are hospitalized, and die because of this condition. The death rate is highest for the nonwhite female who is consistently more obese than her white counterpart (Rudov and Santangelo, 1978) If poverty and obesity are factors associated with this disease, the Latina is a very high risk. Mortality rates from cirrhosis of the liver, influenza, and pneumonia have been consistently higher for low-income minorities. In recent years the incidence of death due to cirrhosis of the liver has increased for the nation as a whole. However, low-income minorities still have a death rate in this category twice that of the white population (Rudov and Santangelo). Specific to heart diseases--the nation's leading cause of death- - the white population had 217.2 deaths per 100,000, while all others together had 245.2 deaths per 100,000. In the case of cancer -- the nation's second leading cause of death -- the total population showed an increase of 4% between 1950 and 1975. Whites showed only a 3% increase, while nonwhites showed a startling 20% increase! Most of the increases of cancer among nonwhites showed up in males, in cancer of the lungs, prostate, and colon/rectum. Rudov and Santangelo link these increases to a differential access to, and quality of, health care, as well as to changes in occupational exposure to carcinogens (1979:8).

Having parents who may be more frequently distressed by acute and chronic health conditions has many obvious implications for child abuse and neglect. Child abuse and neglect prevention strategies need to consider these implications, in order to successfully reduce these sources of maladaptive parenting.

In addition to the higher incidence of chronic and acute conditions among the low-income, their health is affected by the quality of the health care systems to which they have access. The problems in general, described by Parker (1974: 16), include unavailability or insufficiency of services, services which are discontinuous, uncoordinated, and in some areas duplicative. Poor people are more likely to use public clinics, which often serve as practice areas for trainees in the health professions. As such, these agencies have less experienced individuals in the line level of service, with the more experienced personnel serving in supervisory roles. Moreover, the clinic health provision approach is one which fosters "episodic" rather than consistent and preventive health care. Health status is obviously related to utilization of preventive examinations, yet low socioeconomic status was found to be related to less frequent use of yearly physical examinations, eye examinations, pap smears, breast examinations, electrocardiograms, glaucoma tests, and immunization routines (Rudov and Santangelo 1979).

Child abuse and neglect prevention strategies need to consider ways of improving the quality of health care systems and of increasing the use of preventive examinations by low-income Latinas, in order to successfully improve negative parenting associated with these stressors.

Familial Disruption

The problems are not limited to negative health circumstances. For example, the media recently cited a Bureau of the Census report which indicated that Blacks and Latins are more likely to divorce than Anglos. Among Anglo children of 18 years or less, 70% were living with both natural parents, as compared to 61% for Latin children and 46% for Blacks (San Francisco Chronicle 1977). Rudov and Santangelo (1979) state that the proportion of divorced persons is greatest among racial minority females. Langner, et al. (1970) provide evidence of divorce-related psychiatric impairment in children. Many studies report multiple unfavorable effects of father absence, especially on male children (Briller, 1971). However, the grossly deficient designs of these studies make prediction difficult (Herzog and Sudia, 1969).

There is little doubt that the father's absence places a tremendous burden on the mother and that this added stress may interfere with healthy child-rearing practices. Older children may also be affected, because they are placed inappropriately in adult roles. Both older and younger children are deprived of needed male indentification, nurturance, and guidance. The issue is not necessarily the amount of time of the father's presence. For example, Briller (1971:128) concluded ". . . the quality of father-son relationships is more important for masculine development than the amount of time the father spends at home." This quality may be affected also by the low-income Chicano/Mexicano's "emotional" or mental health. In many instances, the father is likely to be unemployed or underemployed in a low-status position where he feels powerless. As a consequence, he may develop a poor, damaged self-concept. These stresses may lead to marital disharmony, unfavorable family atmosphere, and other destructive features such as stubstance abuse and family violence.

A family atmosphere characterized by disharmony can have many unfavorable mental health-related developmental consequences. For example, family stress if combined with lack of parental knowledge specific to the child's developmental needs and abilities and the harshness of poverty, overcrowed housing, unemployment, and low levels of health, can generate correspondingly impaired levels of mental health functioning. These conditions can generate child-rearing practices which tend to frighten, degrade, depress, or confuse the Chicano/Mexicano child, and in the process, adversely affect his/her development of self-esteem, confidence, and general health. These circumstances may also bring an early burdening of the older child with "parental" type responsibilities which may deprive that child of needed play, school activities, and even regular school attendance. In another context, the use of children in such roles as interpreters for their parents not only keeps them out of school, but it also overly exposes them to emotionally stressful adult matters and concerns. The systemic failure by the various social institutions to provide trained interpreters works to reinforce this phenomenon. All of these realities may or may not be classified as child neglect or child abuse. Nevertheless, they can interfere with the optimal development of the child.

There are many indications to reasonably conclude that the lower-income Chicano/Mexicano child may also be exposed to a higher rate of maternal deprivation than the general population, since higher maternal mortality rates are associated with poverty and minority status. This deprivation may be caused by immigration, which at times necessitates the leaving of young children behind and the mother going to work: Although there is controversy as to the inevitability and irreversibility of the effects of parental deprivation (Yarrow, 1961 and 1964; Ainsworth, 1962; Caldwell, 1971), the author sees negative consequences which may be associated with child abuse and neglect.

Insufficient or inappropriate sex education is also common. The child may not be well-prepared to assume adult sexual roles because of inadequate knowledge. Regardless of the parents' intentions, the child observes and learns from their behavior toward each other and from their responses to his/her own behavior and expressions of sexual curiosity. Thus, parental conflicts and faulty parental education may promote negative sexual attitudes in the child. From a value context, the machismo frequently attributed to Latin males may represent poverty-related early-learned faulty notions about role function.

The Chicana/Mexicana mothers are frequently the most available to provide sex education for their children. This author has frequently found these mothers poorly equipped for this difficult task. They often express embarrassment, timidity, and a lack of sexual information. Many misinterpret curiosity and inquisitiveness as perverted sexual interest. Therefore, the low-income children may not only have observed sexually conflicting parental behavior but may also be punished inappropriately for expressing natural curiosity.

Prevention Strategies

It is evident that effective mental health promotion for Hispanic populations cannot ignore physical health problem correlates, given this population's high birthrate, associated birth and infancy physical-emotional disabilities, and special vulnerability to acute and chronic illnesses which often flow from a lessened accessibility to quality preventive and therapeutic medical interventions.

Prevention needs to be a two-fold approach which includes plans to improve the substandard, fragmented medical services available to the low-income persons (Kessner and Kalk, 1973; Rutstein, 1974; Lepatra, 1975; Lewis, et al., 1976; Mechanic, 1979), along with health promotional programs geared to educate and motivate the stress-laden Chicanos/Mexicanos. This paper seeks to focus on these issues by describing several potentially useful educational/media/communication programs designed and used by the author. It should be additionally noted that these interventions were designed without state or federal funds.

SPANISH LANGUAGE RADIO PROGRAMMING

The rationale for using Spanish language radio and television programming to influence the Chicano/Mexicano is supported by clinical observation as well as the literature. For example, early in the 1970's Lopez and Enos (1973) indicated that two-thirds of all the then 40 radio and 9 television "foreign" language broadcasts in the nation were in Spanish. Their survey also indicated that the majority of their large Chicano/Mexicano sample had radio and television sets - - 50% had two or more television sets; only one percent did not have a television set.

Given this grounding, Paulist Communications' Sister Janet Barber, in collaboration with the author and Sister Maria Inez Martinez, created 60 five-minute Spanish language radio programs titled, "Una Familia Sana - - A Healthy Family." These programs used colloquial terminology, selected Latin music appropriate to Hispanics of Mexican heritage, and sound psychological and medical concepts. The series was focused on increasing the target population's awareness of negative overt and covert child-rearing practices and their unfavorable consequences; on providing positive information regarding child development, discipline, conflict resolution, and utilization of services; and on identifying and reinforcing constructive parenting and cultural practices. The programs were recorded on six video cassettes, each containing ten separate five-minute programs. These cassettes were made available to personnel and organizations which needed audio aids for parent education group discussions. To this date response from users has been uniformly favorable. In addition to their use over the air, these cassettes can be and have been used with families and small groups for discussion. Participant comments can be easily solicited based on the cultural value of reciprocity. In their actual small group use, the group members are always encouraged to correct and add to the information presented. The leader often adds information, encouraging problem resolution strategies and suggesting referrals to other needed services.

"Una Familia Sana" – – A Mental Health Education Manual

Another health promotion strategy available to the mental health community is in the use of written bilingual manuals and guides emphasizing health promotion. The importance of considering this population's bilingualism when developing services and specifically, prevention strategies is well-documented (Karno, 1965; Opler, 1967; Morales, 1971; Karno and Morales, 1971; Boulette, 1975). This factor combined with the scarcity of bilingual mental health educational materials prompted Santa Barbara County Mental Health Services to support the author in the development of a colloquial Spanish language-based bilingual primary-prevention community mental health manual. It is important to note here that the entire manual was first written in Spanish and then translated into English so that a Chicano/Mexicano point of view would be reflected throughout. After the manual's completion, free local distribution was made for Spanish-speaking physicians, lawyers, public health nurses, welfare case aides, headstart workers, and others. A limited in-state and out-of-state distribution was made to appropriate agencies. Copies of the manual are known to be in use in Chile, Mexico, Spain, and Venezuela. Response has been favorable, including response from parents and clients.

Based on the content of this manual, another series of ten 15-minute television programs in Spanish was developed by this writer. These programs were recorded on two-inch video master tapes to facilitate repeated showing and duplication. The programs were also made available on ¾ inch videotape and audio cassettes.

"Meriendas Educativas" – – Informal Group Counseling

"Meriendas Educativas" (educational coffee klatches or teas), an intervention designed and named by the author, reflect a group mental health promotion approach using informal, early afternoon, educational group discussions with low-income Spanish-speaking women. The goals for these Meriendas Educativas are sharing basic primary prevention information; reducing the social distance and distrust between mental health worker and Hispanic consumer; informing a high-risk population of the availability of mental health services; and encouraging the constructive resolution of mild personal child-rearing and marital problems, while providing information for referral for more severe problems. These Meriendas are also used to help the participants appreciate the value of prevention, to gain skill in problem exploration, confidence in the use of problem-solving skills, and experience in the use of assertive behaviors. The opportunity to make friends, to establish mutual aid linkages, and to socialize (pasando un buen rato) is another benefit. While the merienda approach is based on discussing and encouraging basic primary prevention, secondary prevention is also attempted by helping to resolve personal, child rearing and marital problems, and by encouraging use of existing mental health and other resources.

The preventive merienda strategy requires the active reaching out to the target population through bilingual advertisement (newspaper, radio, and other announcements) and by the personal encouragement from natural support personnel who frequently provide information and referral, transportation, babysitting, and other services in the Hispanic community. It should be noted that community residents and natural support link persons are likely to be supportive only if a high degree of trust or confianza exists between the community helpers and the mental health professional. This confianza is established by rendering consistently competent and reliable services for both the natural helper and his clients, as well as by avoiding behaviors which the Hispanic community may interpret as culturally irresponsible. For example, among Hispanics it would weaken or possibly destroy the professional's "credibility and reliability rating" to openly flaunt social conventions and cultural and religious values including the accepted ways of obtaining community sanction.

Another important prerequisite is the mental health professional's bilingual skill and cultural sensitivity. This also implies the importance of assessing the population's degree of bilingualism. Overall, it is also important to communicate in the concrete, colloquial linguistic code appropriate to the area (Bernstein, 1964 and 1970). It is equally important to be aware that there exists great cultural heterogeneity among those of Mexican descent - - some individuals may not be bilingually proficient. They may also speak a regional idiom and therefore, special efforts must be made to understand the subtle meanings behind the use of pochismos (United States Spanish, variant languages), dichos (traditional·proverbs or sayings), and chistes (jokes). Also, the professional needs to appreciate the heterogeneity of the Mexican American culture by avoiding the simplistic stereotypings which still abound in the literature and in mental health systems.

The location of the meriendas is another important consideration. An accessible, well-known location, or one that is currently in frequent use by the potential participants is best. Selection of time for the meriendas which does not interfere with family responsibilities is another important consideration. The style in which these educational group discussions are conducted is another significant variable. A direct, self-confident, frank, friendly approach is generally well-received. The ability to improvise and to use Spanish language humor, action and other techniques to encourage the participants' involvement is important. The content of these discussions can be fairly flexible and spontaneous or more structured. For example, after establishing rapport with the parents, the group can be surveyed for other areas of interest, or resort can be made to the mental health manual, video tapes, or television programs previously described.

These approaches have been used in Santa Barbara County over the past 15 years, using community centers, church facilities, and many service centers. While no systematic efforts have yet been employed to evaluate its outcome, from an experimental point of view this model seems both effective and well-accepted. The criteria for this assessment is based on the notable efforts of participants to continue to attend the meetings, their verbalized positive comments, their improved self-image, their increased confidence in the general environment, and their continued support.

Fiestas Educativas:

"Fiestas Educativas" (learning fairs) are another medium of education designed and named by the author. These "fiestas" are an all-day workshop which is especially designed for high-risk Hispanic parents. The intent of the fiestas is to 1) recruit distressed parents; 2) praise them for their efforts to build strong, healthy, united families; 3) encourage them to continue to share their language, traditions, and values; and 4) provide them with needed medical, psychological, and resource information.

The entire fiesta is conducted according to the language preference of the intended participants -- all Spanish, all in English, or English mixed with Spanish. Music as entertainment is arranged for and is provided by volunteer groups during the morning registration and during the lunch hour. Babysitting, transportation, and food for coffee breaks and the noon meal are provided.

A major theme is selected for each fiesta and the whole event is built around this theme. The committees' chairpersons are encouraged to appoint especially capable community residents as committee members. One example of such a fiesta, organized by Irene Martinez and the Los Angeles Regional Centers for the Developmentally Disabled, is available for viewing on videotape. This fiesta attracted some 500 Spanish-speaking parents. The fiesta was repeated the next 4 years with attendance of more than one thousand Spanish-speaking parents. The author provided the initial consultation and concept for these highly successful Fiestas Educativas.

The cultural appropriateness of this promotion technique can be judged by the tremendous participation of its intended target population. The style of the programming is compatible with community customs for conducting informative exchanges. An essential requirement for its success is the rigorous support provided by program chairpersons over the months of planning, including coordination of information with community support networks.

CONCLUSION

The author has provided documentation consisting of the literature specific to nonwhite minorites and poverty-stricken populations as well as her extensive clinical observations specific to poverty-stricken Chicanos/ Mexicanos to advocate the use of comprehensive and ethnic-sensitive prevention strategies. Exemplifying these strategies, are Spanish language radio programming, written information, informal groups, and large-scale Fiestas Educativas designed by the author, field-tested, and positively endorsed by their intended consumer. These interventions were described and are recommended.

References

Ainsworth, M. Reversible and Irreversible Effects of Maternal Deprivation on Intellectual Development. New York: Child Welfare League of America, 1962.

Amaro, H. "Abortion Use and Attitudes Among Chicanas: The Need for Research." Los Angeles: Research Bulletin, Spanish-speaking Mental Health Research Center, University of California. Vol. 4, No. 3, March 1980.

Bernstein, B. "Social Class, Speech Systems and Psychotherapy," F. Reissman, J. Cohen and A. Pearl (Eds.), Mental Health of the Poor. New York: Free Press, 1964.
"A Socio-Linguistic Approach to Socialization," F. Williams (Ed.) Language and Poverty. Chicago: Markham, 1970.

Birch, H.G. and Gussow, J.D. Disadvantaged Children--Health, Nutrition and School Failure. New York: Grune and Stratton, 1970.

Boulette, T.R. "Mass Media and Mental Health Promotional Strategies for Low-income Chicanos/Mexicanos; and Priority Issues for Mental Health Promotion among Low-income Chicanos/Mexicanos," Hispanic Natural Support Systems, R. Valle and Wm. Vega (Eds.). State of California Department of Mental Health, 1980.

"Spanish Speaking/Surnamed Poor," Child Welfare Strategies in the Coming Years: An Overview. Alfred Kadushin (Ed.), U.S. Government Printing Office, 1979.

Briller, H. "Father Absence and the Personality Development of the Male Child," Chess and Thomas (Eds.), Annual Progress in Child Psychiatry and Child Development. New York: Brunner/Mazel, 1971.

Caldwell, B. "The Effects of Psycho-Social Deprivation on Human Development in Infancy," Annual Progress in Child Psychiatry and Child Development, 1971.

Cates, W., et al. "Monitoring the Health Impact of Restricting Public Funds for Abortion," Oct. 10, 1977 – June 10, 1978. Paper presented at 106th Annual Meeting of American Public Health Association, Los Angeles, Oct. 1978.

"Center for Disease Control Abortion Surveillance: Annual Summary," DHEW (COC). Atlanta, Ga., 1976.

Cohn, Anne, et al. Toward a Refined Approach to Preventing Child Abuse. National Committee for Prevention of Child Abuse, Unpublished draft, 1981.

Eisenber, L. "Child Psychiatry: The Past Quarter Century," Annual Progress in Child Psychiatry and Child Development, 1970.

Fontana, V. Somewhere a Child is Crying--Maltreating--Causes, Prevention. New York: MacMillan Pub., 1973.

Giovannoni, J.M. and Becerra, R.M. Defining Child Abuse. New York: The Free Press, 1979.

Grebler, L., et al. The Mexican-American People. New York: The Free Press, 1970.

Haenzel, W., and Hillhouse, M. "Uterine Cancer Morbidity in New York City and Its Relation to the Pattern of Regional Variation Within the United States," J. Natl. Cancer Inst., 22:115-1181, 1959.

Herzog, E. and Sudia, C. "Fatherless Homes--A Review of Research," Annual Progress in Child Psychiatry and Child Development, 1969.

Hirsch, C. "Child Guidance Services to the Poor," Annual Progress in Child Psychiatry and Child Development, 1969.

Karno, M. "The Enigma of Ethnicity in a Psychiatric Clinic." Arch. of Gen. Psych. Vol. 14, 1965.

Karno, M., and Edgarton, R.B., "Perception of Mental Illness in a Mexican American Community," Arch. of Gen. Psych. XII, 1971.

Karno, M., and Morales, A. "Community Mental Health Services of Mexican-Americans in a Metropolis," Comp. Psych., Vol. 12, 1971, p. 2.

Kosa, J. and Zola, I. (Eds.) Poverty and Health. Cambridge: Harvard Universtiy Press, 1975.

Kosa, J. and Robertson, L.A. "The Social Aspects of Health and Illness," J. Kosa et al. (Eds.). Poverty and Health, 1975.

Kessner, D. and Kalk, C. A Strategy for Evaluating Health Services. Inst. of Medicine, Nat. Academy of Science, Wash., D.C., 1973.

Lauderdale, M. et al. "Race, Ethnicity and Child Maltreatment: An Empirical Analysis," Child Abuse and Neglect, Vol. 4, 1980, pp. 163-169.

Lerner, M. "Social Differences in Physical Health," J. Kosa, et al. (Eds.), Poverty and Health, Cambridge: Harvard Univ. Press, 1975.

Lepatra, J.W. Health Care Delivery Systems Evaluation Criteria. Springfield, Ill.: Charles C. Thomas, 1975.

Lopez, R.W., and Enos, Carryl. "Spanish-Language-Only Television in Los Angeles County," Aztlan, Vol. IV, 2, Fall, 1973.

Mechanic, D. Future Issues in Health Care. New York: The Free Press, 1979.

Morales, A. "Mental and Public Health Issues," El Grito, Winter, 1970.

Opler, M.K. Culture and Social Psychiatry. New York: Atherton Press, 1967.

Parker, A. "The Dimensions of Primary Care: Blueprint for Change," Andreopoulos, Spyros (Ed.), Primary Care: Where Medicine Fails. New York: John Wiley & Sons, 1974.

Robinson, G. "Physical Growth and Development: Some Socio-Economic Factors During Prenatal and Postnatal Life," Poverty and the Child: A Canadian Study. Canada: McGraw Hill Ryerson, 1972.

Rogers, D. American Medicine: Challenges for the 1980s. Cambridge: Ballinger Publishing Co., 1978.

Rudov, M. and Santangelo, N. Health Status of Minorities and Low-Income Groups. Washington, D.C.: DHEW Publication No. CHRAI 79 - 627. U.S. Government Printing Office, 1979.

Rutstein, D. Blueprint for Medical Care. Cambridge: M.I.T. Press, 1974.

San Francisco Chronicle, 1977.

Snapper, K.J., et al. The Status of Children. Washington: George Washington Universtiy, 1975.

Yarrow, L.J. "Separation from Parents During Early Childhood, Hoffman and Hoffman (Eds.)," Review of Child Development Research, Vol. I. New York: Russel Sage, 1964, pp 87 - 130.

CULTURALLY SENSITIVE GROUP THERAPY FOR MEXICAN AMERICAN WOMEN

Antonio Juarez, Caseworker III,
Central Outpatient Services,
El Paso Mental Health and Mental Retardation Services,
El Paso, Texas,

A focus on the Mexican American family in the treatment and prevention of child abuse soon narrows down to focusing on specific family members and the role(s) that each individual member of a family plays.

It has long been recognized that both male and female parents are potential child abusers. However, this particular discussion will be limited to the female parent simply because of the greater length of time that the mother usually spends with the children, relative to the father, in this specific population. Additionally, at this time, Mexican American males are still, for the most part, relatively more resistant to therapeutic interventions in the traditional sense.

One might very well ask why a discussion on group therapy for depressed women is being entertained in a conference on child abuse. This question is closely related to the one I asked when confronted with an actual or potential child abuser in a group for depressed women. Why are they here, what is the connection, and what do we as therapists do with these individuals? The answer to all of these questions is, to quote one of these clients, "prevention."

The group therapy methods to be presented here were *not* designed as a treatment for child abuse *per se*. Some women in the particular group discussed here have never abused their children and hopefully, never will. However, the psychological profiles and historical records of most of these women are similar to the profiles obtained in studies of child abusers. The group was originally created to help the numerous Mexican American women who find themselves caught in a desperate situation due to various economic, social, religious, and educational factors.

The topic of child abuse is one that surfaces after the client has been in therapy for some time and is not presented as the major problem in most of these particular cases. Child abuse is discussed as only one of the many possible manifestations of the woman's psychopathology, but is given special focus and attention because of the obvious and dangerous possibilities. It is important to reiterate that not one of these women describe their main problem as one of being a child abuser, even though, some of these individuals later confess that they often worry about their potential for child abuse. Some have gone as far as to avoid certain types of interaction with the child for fear of losing control at some point in the interaction.

This therapy group is still in its experimental stages although many months of preparation have preceded the actual formation of this type of group. The concept of using groups was conceived after perceiving that there was an intense need to provide quality therapy to Mexican American women who continued to appear at the El Paso Mental Health and Mental Retardation (MHMR) clinic with the same type of complaints, similar types of etiological factors at play, and similar life situations. The main complaint, again, is rarely ever one of being a child abuser. This concern is shared only after numerous sessions when the *confianza*, or trust, is finally crystalized.

The major complaints are usually loosely labeled as *nervios*. The definitional process among Mexican Americans in regards to mental health problems is interesting in its own right and has been described by some clinicians working with this population (Burrnel-Farnam, 1979). Suffice it to say that the definitions of mental health problems may vary from one geographic location to another and that other factors such as socio-economic status may affect this process as well. The term *nervios*, in the El Paso border area, can and is often used to describe anything from simple tension to schizophrenia. Upon further questions, the *nervios* in these particular women are often characterized by the following:

1. Headaches
2. Pain in the back of the neck or the base of the skull, often referred to as the *cerebro* (These are usually almost always seen in combination with numerous somatic complaints.)
3. Sleep disturbance
4. Appetite disturbance
5. Irritability, low frustration tolerance and

6. Depression (Of all of these signs and symptoms, depression seems to be the common thread that ties these women together.)

The life patterns of these individuals are noteworthy, mainly in the common characteristics that they all share:

1. They are relatively isolated.
2. They have poor relationships with male mate/figures. Most of these women are either divorced, separated, or have never married. Those that are married are caught in a desperate relationship (usually one way) characterized by a dependency clinging out of a fear of loneliness and losing everything. This may hold the partners together despite incompatibilities and friction. Historically, Mexican American males have been poor participants in psychotherapy, and this is pretty much the case in this situation. Often, the female client goes to the session without her spouse or mates's knowledge.
3. Often these women will have a simple and limited network of social resources. This may include an old high school female companion, a comadre (coparent), or an understanding neighbor. It is usually when this resource fails for one reason or another (i.e., hospitilizations, moving from the neighborhood, or the client is in a crisis) that the client comes to the attention of professional mental health services providers. This network notion is considered important in the therapeutic process and will be discussed later.
4. Other similarities may include poor self-esteem, poor educational and work histories, and poor communication with the parents, even though they are often used as baby sitters and may provide a great deal of support in many areas. Many of these women have severe conflicts with their mothers and often comment that their worst fear is that of becoming like their mothers.
5. The stereotypical portrait of the Chicana in the literature is that of a mother-figure, pleased and obliged to produce large families due to a system of rigidly defined sex roles. She is further presented as submissive, self-sacrificing, passive, and dominated by the male (Clark, 1959; Kiev, 1968). Her status is described as being defined by her maternal role rather than her occupation or education. Mexican authors (Bermudez, 1955; Diaz-Guerrero, 1975) support the portrait of male dominance within the family and a posture of inertia by Mexican Women. There is an exaggerated "super-mother" figure that emerges from such impressions about Mexican American women; the uncreasingly sacrificing, ever fertile woman, totally without aspiration for self, or initiative to do, other than reproduce. Although there may be individual differences and acculturation factors at play here which may determine how well this profile fits a particular member of this therapy group, this profile has many many numerous implications and is worthy of consideration in trying to determine the cause of the person's distress.

There is no doubt that depression, especially in its severe forms, occurs much more frequently in women than in men. Statistics collected in several parts of the world confirm this marked difference.

Weismann and Klerman (1977) proceeded to examine whether the longstanding disadvantaged social status of women has had psychological consequences that lead to depression. They proposed two main hypotheses:

1. The "social status" hypothesis refers to social discrimination against women. Social discrimination and inequities would lead to legal and economic helplessness, dependency on others, low self-esteem, low aspirations, and eventually, clinical depression.

2. The second hypothesis, which they called "learned helplessness," stated that socially conditioned, stereotypical images produce in women a cognitive set against assertion, which is reinforced by societal expectations. The classic "femininity" values are redefined as a variant of "learned helplessness," characteristic of depression.

We know that psychiatric conditions are multi-determined. However, the presence or absence of specific social factors may be the decisive factor in the adoption or avoidance of specific pathological behavior patterns.

Culture at large enters into a conspiracy with the woman's private conflicts according to Arieti (1978), so that it is easier for her than for the male to give up self-determination and personal power, and to indulge in masochism.

It should be noted that the profiles presented here of the potential child abuser and the depressed female are very general and were possibly developed by numerous authors with the typical mainstream Anglo American in mind. There is a tremendous need for epidemiological studies to determine the incidence of numerous clinical phenomena in Hispanic and other minority populations (Rogler 1981).

There are some dimensions of these profiles that may be exacerbated, minimized, or even non-existent because of cultural and acculturation factors.

For example, tied in with the "supermother" role is the fact that in many environments it is possible to recognize a relation of transmitted duty between mothers and daughters. Daughters feel that transmitted sense of obligation more strongly than sons and, consequently, tend to become more duty-bound, in this group and in the general literature. It is interesting to note that there is usually a great deal of emotional conflict between these clients and their mothers, as mentioned earlier, and that this continuous transmission of obligation seems to be at the core of it. Often, the generation gap is coupled with an acculturation gap where the client is finding it difficult to incorporate ideas of the host culture with the values of the primary culture, which the parents adhere to in a strict sense. This would lead to a subsequent break in communication.

Submission to a male-dominant other is also favored by the patriarchal character of mainstream American society as well as in the Mexican and Mexican American culture.

In a patriarchal society, a woman often represses the sorrow, the anger, and the frustration which accompany her subordinate way of living. The repression, according to this theory, in the best circumstances leads to neurotic defenses; in the worst, it leads to facilitating serious mental disorders, especially depression.

Diaz-Guerrero (1958) wrote on the Mexican family structure and how it was founded upon two fundamental propositions:

a.) the unquestioned and absolute supremacy of the father and
b.) the necessary and absolute self-sacrifice of the mother

Along with this premise was the idea that women are inferior to men.

Again, feminity in some societal classes becomes confused with being dependent. Self-assertiveness substitutes for reliance on a "strong" man. The male often depicts himself as the pillar, or ruler, to the point of fostering a state of helplessness in the woman in his life. Later, this very state of helplessness which has been fostered by men becomes bitterly criticized by them. A woman can assert herself only in the role of motherhood and homemaking.

Homemaking, however, is decreasing in value in modern society, and many functions are being taken over by numerous agencies, i.e., nursery school, grammar school, the church, the restaurant, the clothing store, etc. (Arieti, 1978).

Arieti (1978) describes dominant goals in a person's life and how perceived failure to achieve the dominant goal may often lead to depression. The dominant goal of many women is connected not with a career but with the pursuit of love. It is in this area of love that many women feel disappointed. Thus, it is often difficult to categorize their depression, that is, if it is connected with the relation of the dominant other, or with the dominant goal of love achievement. " 'Love' is, of course, very important and has to be pursued by every body, but when romantic love becomes the only concern or aim in life and takes the place of any other aim including the pursuit of other types of love, then life becomes unduly restricted in rigid patterns for which it will be difficult to find alternatives later." (Arieti, 1978).

There are many features seen in the profiles of child abusers which tend to blend in well with the profiles of some of these individuals seen with the main complaint of depression. However, no causal relationship is being implied.

Numerous investigators in the area of child abuse have proposed psychological profiles of the child abuser, and although these are varied, there are a few "core" traits upon which the majority agree upon.

Most of the demographic facts concerning people who abuse their children are known by most of those who work in the area of child abuse. While such factors as employment/unemployment, stability of marriage, education, and other social, economic, and demographic variables may have some contributing effect in the presence or absence of child attack, they are certainly not crucial. Basically, they may be somewhat irrelevant to the actual act of child-beating.

No doubt, social and economic difficulties and disasters add stress to people's lives and contribute to behavior which might otherwise remain dormant, but these are seen as incidental factors, rather than necessary and sufficient causes. We know that child abuse does not occur only among "bad people" of low socioeconomic status (Steele and Pollock, 1980).

Steele and Pollock (1980) had difficulty making a simple diagnosis with most of the patients in their study. They presented mixed pictures such as "obsessive-phobic neurosis with marked masochistic features and mild depression." They did point out that a majority of their sample study could be said to be depressed at some time. This is not to say that depression causes child abuse. However, it was their impression that with few exceptions their parents had emotional problems of sufficient severity to be accepted for treatment had they presented themselves at a clinic or a psychiatrist's office.

Rather than trying to associate child abuse with a specific type of psychiatric disorder they searched for a consistent behavior pattern which could exist in combination with, but quite independently of, other psychological disorders. Although they dealt with the whole gamut of emotional turmoil, they persistently focused on the interaction between caretaker and infant.

The abusers obviously expected and demanded a great deal from their infants and children, and the demand was not only greater, it was premature, clearly beyond the ability of the infant to comprehend what was wanted and to respond appropriately. These parents dealt with the child as if he were much older than he really was. Observation of this interaction lead to clear impressions that the parent felt insecure, unsure of being loved, and looked to the child as a source of reassurance, comfort, and loving response. The parent acts like a frightened, unloved child, looking to his own child as if he were an adult capable of providing comfort and love. This phenomenon has been described as role reversal (Morris and Gold, 1963). It is a reversal of the dependency role in which the parents turn to their infants and small children for nurturing and protection.

A reason for a conference such as this is in answer to the perceived need to attend to cross-cultural issues and the idiosyncrasies evident in the Mexican American culture per se.

Unfortunately, the sparse literature pertaining to Mexican Americans has focused on differential treatment methods for Mexican Americans as a group, resulting in blanket statements such as"Mexican Americans prefer psychotherapists who are active; mental health personnel are seen as professionals, etc." Often there is a naive application of therapeutic techniques developed for and applicable to mainstream America and simply transplanted on an extremely diverse Mexican American population.

Any focus on a "culturally different" group must consider the acculturation phenomena not only initially but throughout the theoretical, discursive, and therapeutic processes.

Although acculturation studies are important and interesting in their own right, an extensive discussion of this topic is beyond the scope of this work. However, it is extremely important that this dynamic process be recognized, understood, and dealt with, particularly in the therapeutic process.

By now, acculturation models are widely known and have evolved from the early continuum models proposed by Stonequist in 1937 (Juarez, 1982), to multidimensional models proposed and/or recognized by numerous investigators (Olmedo, 1979; Ramirez, 1974; Castaneda and Herod, 1974).

The early continuum model places the individual on a single dimension, with the primary and host culture at the opposite, extreme ends along that dimension. As the individual moves from one end, or the primary culture, to the other, he places himself at a point which is further removed from the primary culture. This is often accompanied by feelings of discomfort and self-alienation. Additionally, significant others who may be engaged in the primary culture, exclusively, may define this as rejection of them and their values.

Padilla and Ruiz (1975) have subscribed to the continuum model in stating that acculturation stress may precipitate a need for increased mental health services for Mexican Americans which, paradoxically, they utilize less than the mainstream population. Incidentally, Ruiz, Casas, and Padilla (1977) reported that mental health recipients at a Tucson barrio clinic reported depression and anxiety as the relevant symptoms. A cross-cultural psychiatric study comparing Anglo Americans engaged in psychotherapy identified depression as a basic element of the emotional disturbance experienced by Mexican American women (Ruiz, et al., 1977).

A more optimistic acculturation model has been developed due to the need to utilize behavioral, psychological, and attitudinal measures in acculturation scales.

Recent discoveries are pointing toward a multidimensionality of the acculturation process (Olmedo, 1979; Ramirez, Garza, and Cox, 1980). The process may occur in at least two directions (biculturally), although not necessarily at the same rate in both directions. These models often predict that individuals will be cognitively, socially, and behaviorally more adaptable as a result of being exposed to more than one culture (Ramirez, et al., 1980).

Rather than subscribe to one model over the other, it has become necessary to entertain both models because it has been seen that clients may conceptualize their own point along the acculturation process in either one of the two modalities.

It appears that educational and socioeconomic factors may be decisive in determining whether the individual sees him/herself in terms of the "marginal man" or the "flexible" individual. These acculturation models are more than just academic exercises and novelties, because the individual's world views, perceptions, and behaviors are very much affected by how the person sees him/herself in relation to the rest of society and all of its institutions (Juarez, 1982).

At this point it may be added that at least one basic goal of this therapeutic intervention may be to move the client from the "no-win" continuum interpretation, which by its very definition is conducive to internal and external conflicts, to the more adaptive and flexible model. In this sense, therapists are doing their job by introducing change and complexity to the individual's life in the sense that they break up repetitive cycles of behavior and bring about new alternatives.

The group for Mexican American women being conducted at the El Paso MHMR Clinic is in its early stages, and the clinicians involved are proceeding at a deliberately slow pace. The need for differential treatment of Mexican Americans in this mental health center has long been recognized, but no easy answers have been found.

This presentation has focused on clinical phenomena which are still being investigated. It is hoped that this discussion will precipitate more research in this area.

The present group is open to Mexican American females 18 to 35 years of age.

1. They may be single, married, or divorced, and often there is a history of having tenuous heterosexual relationships.
2. The individual's level of functioning is considered during the screening process not only for the obvious reasons concerned with the group process but also as a pre-test measure. The level of functioning is relatively high as measured by the Texas Department of Mental Health and Mental Retardation Level of Functioning (LOF) scale (LOF VI - IX).
3. Another measure which is considered during the screening process is the Diagnostic and Statistical Manual of Mental Disorders III, Axis IV and V, level of functioning measures, and the severity of stressors within the last year. These are seen as extremely important since one of the basic assumptions in this approach is that the person's distress is being caused by external stressors in the sociocultural domain.

For the sake of brevity, the fine details of how to conduct such a group will not be elaborated. It is also assumed that most individuals present are familiar with group processes. Studies on groups with Hispanics have revealed that the high respect the Hispanic client holds for the parental or authoritarian object unveils an idealized transference (Tylm, 1982). The degree of authoritarian-figure respect may make a difference.

The main difference, of course, will be in topics and issues discussed and how they are presented and processed by the group members.

In spite of the fact that these individuals are relatively isolated, the notion of sharing problems with peers is not culturally aversive. In fact, the culture may reinforce such behavior (i.e., comadres, co-mothers; vecinos, neighbors, etc.) However it has been shown that these women are usually involved in very superficial kinds of relationships, if at all. The group's aim is to help them expand the social support networks and to teach the individual how to make this expansion more easily, more systematically, and qualitatively better. This has deep psychological significance in individuals who have failed to adequately develop basic trust (Erikson, 1950).

Treatment/Discussion Issues:

The group obviously begins with the usual "testing" behaviors, with the building of confianza being initiated at this point.

1. Confianza is a phenomenon which is interesting in its own right and has been the topic of some very interesting research being conducted by sociologists. It is considered important enough to take great care that confianza builds gradually and firmly as the time passes. The confianza level will be important in making such decisions as whether to have an ongoing or closed group, for example.
2. The issue of trust is a central one (Benedeck, 1938; Erikson, 1950) and interestingly, is tied in closely with the profile of potential child abusers.
   a). As adults, these individuals feel it unrewarding to look to family, friends, or others for need-satisfying relationships. Although they may persistently return to seek from their own parents some evidence of love, understanding and assistance, they usually find, again, criticism, and inappropriate response instead of what they want. Those who speak of having "good friends," discover upon close examination that they are friends in name only. Such relationships are rather distant, meager, superficial, and unfulfilling.
   b). These individuals tend to lead lives that are described as alienated, asocial, or isolated.
3. There is a persistence in the pattern of lack of confidence possibly engendered early in childhood by these women's parents. Toward the rest of the society there is a generalized transference of attitudes, originally felt toward the parents and later, felt toward all others looked to for help and understanding. . . . .

Treatment Approaches:

Actual therapy approaches will not be discussed in great detail, as these may change according to the theoretical background and style of each therapist.

1. The general purpose of the group therapy is to sensitize people working with this client population to what the possible treatment issues may be and how to help the individuals deal with these issues without causing undue increased distress and without alienating the client from their social environment to which they must return.

2. As the individual tries new changes in her behavior and experiences changes in attitudes, she must also be given the tools and resources necessary to help change the immediate community around her. To simply introduce traditional therapy techniques without consideration of the intense cultural issues at play would invite disaster.

The treatment process usually begins with the members of the group identifying themselves and their problems.

1. The basic question of "Why are you here?" serves as a good ice-breaker and aids in the "testing" process where each person gets a feel for how much and how quickly one can reveal significant issues in front of the group.

2. The members eventually reach the point where they share experiences as to how they have tried to solve their problem(s), and what degree of success they have achieved with each approach. There are no time limits to any of these stages, which often overlap each other. Following the sharing of problems and success or failure at trying to deal with them, there comes a ventilation of feelings which is a particularly critical stage. These general group sessions are extremely helpful in getting the individual to ventilate feelings (usually of loneliness, anger, frustration, and fear). It is important to note that during this process the client is slowly prepared to deal with subsequent concepts, i.e., self-awareness and self-identification.

3. The self-identification stage invariably brings the group to discussions over labels such as "Chicana," "Mexican American," "American," "Mexican," etc. These self-descriptions are seen as more than simple client preferences for one label over another. Often they are very good indicators of level of acculturation (with all its associated interactions, i.e., cognitive processes, intrapsychic versus interpsychic conflicts), and even the degree of emotional attachment that the individual may have to each one of the cultures.

The basic issue at this point is simply described with the question, "How has your concept of self either helped or hindered the resolution of this problem?" Once the clients begin processing the various factors brought to surface by these and similar questions, an extremely simple notion is introduced which has proved helpful due to its simplicity, ease of application, and flexibility.

At one point or another everyone may find himself in a seemingly no-win situation commonly expressed in layman's terms as "being over a barrel." No matter how one moves in an effort to climb off the uncomfortable barrel, he/she often prefers to stay immobile because of fear of moving the barrel in the attempt to get off, and being crushed by the barrel's enormous weight.

This simplistic metaphor or model has been useful with clients even with limited abstractional capabilities. The barrel notion is used often, and the individuals are helped in examining and recognizing their own "barrels."

A few examples of reported barrels are religion, parents, the "virgin and the whore" dichotomy, poor educational opportunities, poor job skills, the myth of the super-mother, etc. Discussion topics are as diverse as the individuals in the group, but there have appeared certain core issues which continue to surface.

For some of these women the issue of child abuse is terribly frightening and extremely hard to deal with. It is often cloaked with numerous smoke screens or defenses like denial or rationalizations. A slow, discrete, and non-threatening approach may be the preferred approach, as the possibility of client drop-outs is very real. Of course, a slow approach to the discussion of child abuse with these individuals does not mean that some quick action is not taking place. The therapists are always evaluating the degree, type, frequency, and potential for child abuse. It is a complex combination of slow therapeutic processing with quick action-oriented techniques (i.e., education on child abuse, hotlines, home visits, frequent clinic visits with the children, and reports to Child Welfare, etc.) which may keep a potential or actual abuser engaged in therapy in a mental health system which can monitor her mental status frequently.

Special attention is focused on the parent-child interaction. But it appears that before any change may occur in this area, the parent has to improve her level of functioning. In addition to relieving the symptoms of depression, which seem to be the most frequently reported, other indicators of improved functioning will be reported, for example, improvements in the handling of interpsychic and intrapsychic conflicts, improvements in other interpersonal relationships, and increased capacity in dealing with problems in living.

The group process is extremely helpful in having the individual break the pattern of social isolation. The more involvement there is with others, the less likely the child will be used to supply parental comfort. Often, individual therapy must be used in conjunction with the group approach to help the individual resolve extremely difficult issues dealing with the client's parents. The mother-daughter conflict and the breakdown of the supermother expectations are particularly difficult issues to deal with.

Child abuse is a crime, and the legal system has taken giant strides in its domain to deal with it. However, it is also a manifestation of psychopathology, and the mental health system must take equal, if not greater measures to determine the etiological factors so as to stop and prevent child abuse through use of high quality treatment based on sound research.

References

Arieti, S. and Bemporad, J. Severe and Mild Depression. New York: Basic Books Inc., 1978.

Clark, M. Health in the Mexican American Culture. Berkeley: University of California, Press, 1959.

Diaz-Guerrero, R. "Neurosis and the Mexican Family Structure," American Journal of Psychiatry, 1958, 112, 411 - 417.

Kiev, A. Curanderismo. New York: The Free Press, 1968.

Steele, B.F. and Pollock, C.B. "A Psychiatric Study of Parents Who Abuse Infants and Small Children." In Harrision, S.I. and McDermott J.F., (Ed.). New Directions in Childhood Psychopathology. New York: International Universities Press Inc., 1980.

Juarez, A. Flexibility In Cooperative/Competitive Behavior In Diversely Acculturated Individuals: Clinical Implications, Unpublished Master's Thesis. University of Texas at El Paso, 1982.

Olmedo, E.L. "Acculturation: A Psychometric Perspective," American Psychologist, 1979, 34, 1061-1070.

Padilla, M.A., Ruiz, R.A. and Alvarez, R. "Community Mental Health Services for the Spanish-Speaking/Surnamed Population," American Psychologist, 1975, 30, 892-905.

Ramirez III, M., Castaneda, A., and Herod, P.L. "The Relationship of Acculturation to Cognitive Style Among Mexican-Americans," Journal of Cross Cultural Psychology, 1974, 5, 424-433.

Ramirez III, M., Garza, R.T. and Cox, B.G. Multicultural Leader Behaviors in Ethnically Mixed Task Groups. Arlington: Office of Naval Research (Code 452), 1980.

Stonequist, E.V. The Marginal Man, A Study in Personality and Culture Conflict. New York: Russell and Russell, 1961 (c 1937.)

Morris, M.G. and Gold, R.W. "Role Reversal: A Concept In Dealing With The Neglected/Battered Child Syndrome." In The Neglected-Battered Child Syndrome. New York: Child Welfare League of America, pp. 29-49.

Rogler, L.H. "A New Conceptual Framework For Mental Health Clinical Service Research on Hispanic Populations," Research Bulletin, 1982, 4, 1-14.

Tylm, I. "Group Psychotherapy with Hispanic Patients: The Psychodynamics of Idealization," International Journal of Group Psychotherapy, 1982, 3, 339-349.

LA PRACTICA – RAZA SOCIAL WORK PRACTICE: A MULTICULTURAL APPROACH TO CLINICAL PRACTICE

Amalia Gonzales del Valle, M.S.W., L.C.S.W.
School of Social Work
San Jose State University
San Jose, California

Abstract

This is a one day training institute that applies La Practica, a cultural social work practice model, to the provision of services to Raza families, in the field of child abuse and neglect. The purpose of this institute is to increase participant's awareness, knowledge, and skills in the use of culturally based intervention methods responsive to Raza families. As a result of this institute the participants will be able to:

Goals:

III. Identify and understand the importance of cultural self-awareness in becoming an effective service provider.

III. Identify and understand cultural values, life styles, and world views of Raza families that impact service delivery in the area of child abuse and neglect.

III. Increase awareness and competence in the use of culturally based intervention methods to serve Raza families.

Objectives:

1. To identify and define experience within a framework that recognizes, respects, and validates cultural meanings ascribed to the perception of reality.

2. To initiate the development of a knowledge base that is specific to the needs/resources of participant's practice context in their work with abusive families.

3. To understand and develop skills in culturally based assessment and intervention methods that are relevant to the experience of Raza families.

Contents

I. Introduction to La Practica

II. La Practica: Raza Social Work Practice
    a. Assumptions
    b. Methodology
    c. Application
    d. Glossary of Spanish Terms
    e. Footnotes

III. La Practica: An Intercambio

  a. Goals and Objectives
  b. Outline
  c. Schedule
  d. Structured Exercises
  e. Bibliography
  f. Evaluation

LA PRACTICA: RAZA SOCIAL WORK PRACTICE

Introduction

La Practica[1] is a cultural social work practice model based on conflict theory, systems theory, and experiential learning principles. La Practica identifies culture, race, minority status, and socioeconomic conditions within a personal and historical context to understand human behavior, i.e., social relations. It recognizes the power structure that arises from the relations between dominant and subordinate groups in a society, at the personal and institutional levels, as significant forces impacting human service delivery.

La Practica adapts Razalogia[2] to social work practice and professional education. Razalogia is an experiential learning process by which people draw from their experience to develop knowledge and to bond as a community. La Practica postulates that cultural awareness, culture in ourselves, is the first stage in a culture-specific human service practice. The Second Stage is cultural competence, the process of developing awareness, information, understanding, and a base of knowledge of culture in others by a mutual sharing of life experiences. The third stage is cultural intervention, the practice of methods, skills, and social change that is culturally relevant to a cultural consumer group.

La Practica is applied as an intercambio,[3] "gatherings organized towards the advancement of critical consciousness, personal and group power, and the fulfillment of group concerns." Intercambios unfold through the stages of awareness, competence, and intervention guided by the following objectives: (1) identification, definition of expectations, resources, and needs; (2) identification of differences and commonalities that foster collective and critical consciousness based on common interest; and (3) social action that promotes structural changes to transform behaviors, situations, or conditions that liberate the full human potential of a group, a community, a collective.

La Practica Assumptions

La Practica identifies and defines the service provider-consumer relationship within the human service practice context as one of potential oppression. It acknowledges the cultural and class differences that exist between dominant culture, institutional settings, and subordinate consumer communities that are increasingly multicultural, non-white minority groups from low socioeconomic status. It recognizes that human service organizations induct their members to internalize attitudes, values, beliefs, and behaviors appropriate to responsible and responsive members of society, as prescribed by the dominant group interest.

Service delivery to a multicultural, subordinate consumer involves dominant-subordinate relationships, cross-cultural communication, and interactional processes that require individuals to interpret, define, and give meaning to each other's actions, as well as a distribution and allocation of resources according to assessment of need. Service providers seek to promote the welfare of consumers and must be aware of the professional, occupational, and societal induction processes that define their practice context as one of social control:

> ". . . the interest of the oppressors lies in changing the consciousness of the oppressed, not the situation which oppresses them; for the more the oppressed can be led to adapt to that situation, the more easily they can be dominated."[4]

La Practica is generic to Freire's liberation education,[5] a process in which the person is perceived as a knowing subject, a social being that becomes aware of the contradictions of his existance through the experience of concientizacion, "the development of social consciousness and social action that generates the process of liberation toward one's full human potential and the transformation of one's reality." La Practica implements Freire's concept of critical consciousness and disregards the mystical interpretation of reality, one in which the person perceives his situation to be dominated by superior powers or events outside one's realm of choices.[6]

La Practica reframes human service practice into an educational process directed to the promotion of social change and the development of a collective perspective that recognizes differences as a source of alternative perceptions, a wider spectrum of resolution strategies to enable personal, familial, communal, and societal transformation. This process of shared awareness and understanding nurtures trust, allows for respect and validation of differences, and promotes bonding of people within perceived commonalities or mutual interests.

La Practica defines education as a relational process by which all participants are experts of their own reality, a teacher-learner alternate role within an interdependent unit engaged in learning about the self, the other, and the learning relationship and social context where learning takes place.[7] This approach is based on the premise, Nuestra educacion es nuestra escuela, our experience is our schooling. Education takes on the meaning of its Latin root word, "educare," to draw from within.[8]

La Practica defines the service relationship within the teacher-learner interchange of "expert" role prescription, ascribing personal and social responsibility to all participants in the learning process of liberation, a mutual effort to develop each person's full potential by self-transformation that includes the world in which one exists. The service relationship is predicated in mutuality, interdependence, collaboration, the opposite of a banking system of education where the teacher is the only expert that uses the power ascribed to this position to "fill a passive student with information that supports the ideological beliefs of dominant groups within a society."[9] La Practica emphasizes service provider awareness of one's cultural background, professional subculture, and dominant culture and institutional nature of practice context as essential components of effective and ethical human service practice.

The service provider, being aware of the dominant-subordinate conditions inherent in the service relationship, joins the consumer in a critical interpretation of reality within a praxis that is guided by the awareness that promotes changing one's conditions through the simultaneous processes of reflection and action. Consciousness in a liberation framework is defined as "a dynamic tension with reality,"[10] not a state, but a process or a method of integration with that reality. Freire identifies this dynamic confrontation with the contradictions of human existance as "praxis," the reflection and action upon the world in order to transform it.[11] Praxis includes: the process of reflection on its own results, in verbalism, and action on its own results, in activism. Freire states:

> "There is not a true word that is not at the
> same time a praxis. Thus, to speak a true
> word is to transform the world."[12]

The purpose of La Practica becomes one that facilitates and promotes the person's discovery of his being, and his existence within the socioeconomic, psychosocial, and psychocultural conditions. The discovery includes becoming aware of human potentialities, being able to act on the basis of those potentialities, and acting to shape one's existence and one's capacity to transform reality. This existential, humanistic direction perceives the person as integral to an ecological, social, and physical system that can only survive and evolve through its interdependence. Liberation becomes a collective effort for transformation of human conditions.

La Practica Methodology

La Practica is an experiential learning approach structured as a series of intercambios, "gatherings organized towards the advancement of critical consciousness, personal and group power, and the fulfillment of group concerns."[13] Intercambios are arranged sequentially through small group work, tasks, and collective decision making that requires simultaneous reflection and action from all participants. Cognitive and affective learning evolves as collective knowledge, an integration of the learning communities' perception of reality.

La Practica conceptualizes human experience from a systems point of view, and human relations as a multitude of processes that take place within a social context perceived as reality by the participants. The ecological nature of human experience unfolds through what has been identified as the cycle of learning:[14] the experiencing, sharing, interpreting, generalizing, and applying of knowledge to a particular situation, or condition. Knowledge is defined by the social context, and is expanded and applied through the collective effort that results in critical consciousness of a particular group, at a particular point in time and space.

Within La Practica, learning and development of knowledge arises from the teacher-learner relationship. All participants alternate the "expert" role by sharing their own experience or incorporating another's experience into their own reality.[15] This alternate role of teacher-learner requires the actions of asking, giving, and receiving within a relationship that is based on recognized dominant-subordinate positions. The parameters of the relationship are established by the following principles: (a) respeto: social validation of status ascribed to a person's position; (b) compromiso: shared responsibility, perceived interdependence of people that share a common interest, goal, task; (c) sabiduria: The wisdom that is gained, earned through social participation, shared responsibilities, collective understanding and action to change or transform behaviors, situations, or conditions in one's reality.[16]

La Practica is applicable to any human relation context where learning and the pursuit of knowledge identifies a common interest for the learning community members. Although the structure and guiding principles of La Practica remain constant, outcome, process, and content of its application is specific to the learning community goals and objectives. The implementation of La Practica is initiated by a series of structured experiences to identify, define, and integrate a collective perception of the participant's social context and purpose as a learning community. The size of the group, its composition, the location and setting where it takes place, and the length of time and frequency of learning community interactions, determine the structural design of the intercambios.

In La Practica, the facilitator joins the learning community and initially assumes a larger responsibility to guide, direct, model, and share experience and expertise developed through personal application of this method to his/her own struggle and transformation. Gradually, the role of facilitator is shared by all members of the learning community as they alternate the teacher and learner roles and become the experts of their personal and collective reality. The facilitator function requries a high degree of self-awareness, clear perception of one's values, beliefs, and perceptions. Also, it demands understanding, knowledge, and skills in group process, leadership, cross-cultural communication, problem solving and organizational techniques.

The facilitator role provides the structural conditions that promote personal and collective transformation of learning community social context; as such, the facilitator position within the organizational hierarchy of a particular learning community needs to be identified as one of dominance, subordinance, equality or mutuality. Also, the position's base of power, status, authority, and control of resources has to be defined in terms of learning the communities' goals and objectives. Ideally, the person occupying the facilitator role and position is an "outsider" that joins the learning community to promote an educational experience and then leaves.

La Practica Application

In the late sixties, a community based organization of Raza practitioners, Trabajadores de la Raza, brought to life the School of Social Work at San Jose State University, San Jose, California.[17] La Escuela was created with the unique mission to prepare social workers to serve the Spanish-speaking people, primarily Chicanos. During the early seventies, a group of Chicanos, students from the University of California at Berkeley and community activists from El Barrio de La Fruitvale in Oakland, opened a storefront health care program, La Clinica de La Raza and Centro de Salud Mental.[18]

These concurrent efforts reflect the social context of the Chicano movement of the past two decades, and their affirmation as a group of "Si Se Puede!" In 1974, El Centro established a prevention service with the goal of providing "social consciousness raising" mental health education. In an effort to address the lack of culturally relevant models of practice, Centro administration sponsored a series of in-house intercambios among staff, student interns, and community volunteers. Razalogia, a communal learning-working process, evolved from this intercambios. Initially used as training design for cultural awareness workshops, organizational promotion, and networking efforts among Raza mental health practitioners, it gradually evolved into a tool to create a knowledge and a Raza practice model.[19]

In 1977, Razalogia was articulated within a liberation education framework in "Knowledge for Raza by Raza: Towards a Conceptual Model for Meeting Mental Health Needs of La Raza --Liberacion Comunal." In 1979, another article "Liberacion Comunal:[20] An Ideology for Promoting the Health of Nuestra Raza"[21] introduced the conceptual tool of "El No"[22] and paved the way for the validation of Razalogia as a multicultural, universal, educational framework. A series of intercambios sponsored by the University of Stockholm and the Swedish government provided training by Raza to more than two hundred human service providers. Raza experience and knowledge provided the leadership and expertise in health promotion at the international level.[23]

Between 1978 and 1979, the Division of Community Services, a branch of the Joint Center for Human Service Resources of La Escuela, sponsored a training series for Santa Clara County Department of Social Services.

The series were requested and planned by El Comite, an organization of social service employees with a commitment to advance knowledge and service delivery relevant to Raza communities in Santa Clara County. The training "Cultural Methods in Human Services" consolidated Raza practice methods in cultural awareness, casework, family work, group work, and community organization.[24] For the first time -- staff from the Centro, La Familia (a Hayward satellite clinic from Centro), the Xipe-Totec Clinic in Metropolitan Hospital, Los Angeles, and faculty from La Escuela presented an integrated view of Raza practice. The results presented in the evaluation reflected a very high positive response to training from non-Raza practitioners.[25]

During academic year 1979-1980, La Escuela was awarded a National Significance Child Welfare Training Grant, "The Hispanic Cultural Training Materials Project." Application of Razalogia to social work services to Raza integrated cultural awareness, cultural competence and cultural specific interventions within the social context of Raza practice.[26] The materials developed from training were field tested in six counties in Northern California and further expanded into social work curriculum through another Child Welfare grant awarded to La Escuela for academic year 1980-1981.[27] This time, the materials were pilot tested in five counties, a state-wide training for trainers, and three undergraduate method courses. The outcome of these grants was a training manual for human services, Serving La Raza,[28] and the refinement of a Raza Social Work Practice Model, La Practica.[29]

Through an evolving process of reflective effort, implementation, synthesis and reflection[30] – a body of knowledge specific to Raza was developed. At the same time, a universal, multicultural method to promote human transformation evolved in a variety of settings and for very different purposes. Raza practitioners that create and promote liberation education methods provide the diversity, the alternative uses and interpretations that enrich human experience and expand the range of possibilities inherent in the human potential for transformation. La Practica is only one example of the wide applicability of these methods that reflects the social context of the author's personal and professional development as a Raza immigrant, a single mother of five, living in the San Francisco Bay Area and working in La Escuela de Trabajo Social in San Jose, California. The contributions of students, colleagues, clients, friends, and family enrich and challenge the full development of the author's human potential; the process and the content is then reflected, integrated, and transformed into La Practica.

Presently, La Practica is used as a theoretical orientation and a learning framework in four social work courses: "Analysis of Socio-Cultural Materials in Social Work," "Social Work Intervention Methods," "Crisis Intervention: Theory and Methods," and "Family Therapy: Theory and Methods." In clinical practice with individuals and families, La Practica has evolved into methods for assessment, diagnostic identification of conflict within the consumer's social context, service agreements, and therapeutic interventions that are culture specific, self-liberating educational processes.

La Practica is also used in training, consultation, and supervision of professional and paraprofessional staff in human service organizations in the field of mental health, health care, social services, employment training, and education. Application to specific areas of practice such as crisis work, casework, family work, small group work, clinical work, community organization work, prevention work, organization and leadership development work, has created a variety of skills and methods for assessment, development, and promotion of health. Students, trainees, and consumers are encouraged to apply skills and techniques on their own, according to their interests and areas of practice. A variety of efforts in student leadership, student organization, youth programs that promote cultural experiences, poetry groups, Chicana networks, and union organizing have evolved, reinforcing the experience that as La Raza, "Unidos Podemos!"

Glossary

The use of Spanish terms maintains the affective and conceptual experience of La Raza. It facilitates understanding, awareness of culture in self and others, and allows the experience of differences implicit in the symbolic expression of world views, values, and life styles specific to a group of people bound by culture.

The terms are presented in order of appearance within this paper.

La Practica	– a culture-specific, reflective action to transform human behaviors, situations, conditions – a culture-specific, human relations method for assessment, effort, and transformation
La Raza	– all Spanish-speaking, Spanish-surname, Spanish-descent people from Latin America that share the historical experience of colonization, pride in their racial stock and mestizaje, mixed blood, and a common vision of liberation from oppressive conditions

	– the family, the people, the community, the race, the human race
	– all oppressed people involved in a struggle for liberation, in an effort for transformation
Razalogia	– a base of knowledge of and about La Raza that reflects their experience within a specific social context, at a particular time, in a particular place
	– a learning-working process to create knowledge by sharing life experiences of family, culture, and community realities
Intercambios	– gatherings organized towards the advancement of critical consciousness, personal and group power, and the fulfillment of group concerns
Concientizacion	– development of social consciousness and social action that generates the process of liberation towards one's full human potential and the transformation of one's reality
Respeto	– respect
	– social validation of status ascribed to a person's position
Compromiso	– shared responsibility, perceived interdependence of people that share a common interest, goal, task
	– an agreement, a bond, a promise bound in honor
Sabiduria	– wisdom that is gained, earned through social participation, shared responsibilities, collective understanding and action to change or transform behaviors, situations, conditions in one's realities
	– the experience of understanding self, others, within the context of human existence, being and becoming in relationships
Trabajadores de la Raza	– workers of La Raza, a community-based organization
La Escuela	– the School of Social Work, San Jose State University, San Jose, California
El Barrio de La Fruitvale	– the Raza community of the Fruitvale district in Oakland, California
El Centro de Salud Mental	– the Center of Mental Health in Oakland, California
La Clinica de La Raza	– the Clinic of La Raza in Oakland, California
Si Se Puede!	– Yes, It Can Be Done! Raza expression that affirms personal and group power within actions to change and transform social conditions
Liberacion Comunal	– community or collective liberation, transformation specific to Raza communities
El No	– the "no," the denial of life experiences as knowledge, a conceptual and assessment tool to identify and define the experience of psycho-cultural and socio-cultural oppression at the intra-psychic, personal, relational, social and collective levels of experience
El Comite	– the group that meets, an organization of social service Raza practitioners from Santa Clara County, California
Unidos Podemos!	– United We Can! Raza expression that affirms the power of collective action, the unity and interdependence of human effort for transformation

Footnotes

[1] Amalia Gonzales del Valle, La Practica: Raza Social Work Practice, Work in progress, Mountain View, California: May 1982.

[2] Roberto Vargas, Raza Student's Guide to Social Transformation, Razagente Associates, Oakland, California: May 1982, pp.

[3] Ibid.

[4] Paulo Freire, Pedagogy of the Oppressed, Herder and Herder, New York: 1970, p. 60.

[5] Antonio Soto, "Paulo Freire: Consciousness and Social Change," Paper presented to annual meeting of Pacific Sociological Association, Scotsdale, Arizona: 1973, p. 2.

[6] Ibid. pp. 5-6.

[7] Amalia Gonzales del Valle, "Su Servidor A La Orden: Raza Service Provider," Material submitted to "Serving La Raza," School of Social Work, San Jose State University, San Jose, California: November 23, 1980.

[8] Vargas, op. cit. .

[9] Soto, loc. cit., p. 6.

[10] Ibid., pp. 9.

[11] Ibid.

[12] Freire, loc. cit., p. 75.

[13] Vargas, op. cit.

[14] J.W. Pfeiffer and J.E. Jones, The 1975 Annual Handbook for Group Facilitators. La Jolla, California: University Associates 1975, Introduction.

[15] Amalia Gonzales del Valle, "Process Analysis Pilot Workshops," Material submitted to "Serving La Raza," School of Social Work, San Jose State University, San Jose California: July 25, 1980.

[16] Amalia Gonzales del Valle, "Structural Analysis of a Raza Family: A Case Example," October 29, 1980.

[17] Amalia Gonzales del Valle and Simon Dominguez, "Conocimiento on History of La Escuela," San Jose State University, San Jose, California: February 23, 1983.

[18] Amalia Gonzales del Valle and Roberto Vargas, "Conocimiento on History of Razalogia," El Centro De Salud Mental, Mountain View, Oakland, California: February 18, 1983

[19] Roberto Vargas, Intercambio: "On Dialectic Inquiry: Progente or Transformative Research," Oakland, California: March 19, 1983.

[20] Roberto Vargas, "Knowledge for Raza by Raza: Towards a Conceptual Model for Meeting Mental Health Needs of La Raza – Liberacion Comunal," El Centro de Salud Mental, Oakland, California: April 1977.

[21] Roberto Vargas, "Liberacion Comunal: An Ideology for Promoting the Health of Nuestra Raza," El Centro de Salud Mental, Oakland, California: May 1979.

[22] Roberto Vargas, "Psychocultural Oppression and Raza Mental Health: The Conceptual Framework of El No," Razagente Associates, Oakland, California: November 20, 1980.

[23] F. Hernandez, J. Romero, and R. Vargas, Raza-Sverge Intercambio: Promoting a Healthy Multicultural Society, Razagente Associates, Oakland, California: 1980.

[24] Margie Leal-Sotelo, "Raza Cultural Methods in Human Services," A Follow-up Study of the Evaluation Unit, Division of Community Services, Joint Center for Human Service Resources, San Jose State University, School of Social Work, San Jose, California: June 1979, p. 1.

[25] Ibid. pp. 3-6.

[26] Amalia Gonzales del Valle, and R. Lavandero, "Cultural Awareness, Cultural Competence and Cultural Interventions: Razalogia and Social Work Practice," Materials submitted to "Serving La Raza," March 1980.

[27] Amalia Gonzales del Valle and R. Lavandero, "Cultural Awareness Training for Child Welfare Workers," DHEW Child Welfare Training Grant for Curriculum Development, School of Social Work, San Jose State University, San Jose, California: June 1981.

[28] Amalia Gonzales del Valle, A. and F. Hernandez, Serving La Raza: A Training Manual for the Human Services, DHEW Child Welfare National Significance Hispanic Cultural Materials Grant, School of Social Work, San Jose University, San Jose, California: June 1980-1981.

[29] Amalia Gonzales del Valle, La Practica: Raza Social Work Practice, May, 1982.

[30] Vargas, loc. cit.

LA PRACTICA APPLICATION WITH RAZA ABUSIVE FAMILIES

INTERCAMBIO OUTLINE

1. Introduction
   - – learning community identifies collective identity and defines goals and objectives for intercambio
   - * "Quien Somos Conocimiento" – "Who We Are" Awareness Exercise
   - * "Que Quiero" – "What I want" Assessment Exercise

2. Learning Experience
   - – facilitator presents historical development of Razalogia, Serving La Raza, La Practica
   - – Razalogia and La Practica: Assumptions, Methods, Skills

3. Raza Practice: Cultural Awareness
   - – learning community assessment of personal and service provider expectations, resources, needs in Serving La Raza
   - * "Quiero Servir La Raza" – "I Want To Serve La Raza" Assessment

4. Raza Practice: Cultural Awareness
   - – learning community implements La Practica in structured experience to increase awareness, understanding, a base of knowledge that identifies competence, skills, for assessment and interventions with Raza families in participant's practice context
   - * "Quien Soy-Somos Conocimiento" – "Who I Am -- Who We Are Awareness Exercise – facilitator presents La Familia, The Family, and La Cultura, The Culture, historical and sociocultural development of Raza families, diversity and commonalities within migration; minority status, racial and cultural heterogeneity and the impact of dominant-subordinate relations within the processes of acculturation, assimilation, amalgamation and biculturalism in a "pluralistic" society.

5. Raza Practice: Cultural Interventions
   - – learning community implements La Practica assessment methods in a case analysis of a family abuse situation to draw culture specific factors, socioeconomic and psychocultural oppression.
   - * "Semillas del Futuro" Script -- "The Seeds of the Future" Script

6 Evaluation
   - – learning community reflects on learning goals, evaluates learning experience

INTERCAMBIO SCHEDULE

MORNING SESSION

10:30 – 10:45	*"“Quien Somos Conocimiento” Chart
10:45 – 11:15	* “Que Quiero”
11:15 – 11:30	La Historia del Modelo
11:30 – 11:45	* “Quiero Servir La Raza”
11:45 – 12:00	Una Palabra
12:00 – 1:30	ALMUERZO (Lunch)

AFTERNOON SESSION

1:30 – 1:45	Reflección (Reflection)
1:45 – 2:45	*“Quien Soy – Somos Conocimiento” Exercise
2:45 – 3:00	Una Palabra
3:00 – 3:30	La Familia y La Cultura
3:30 – 3:35	BREAK
3:35 – 4:35	*“Semillas del Futuro”
4:35 – 4:45	Reflección (Reflection)
4:45 – 4:50	Evaluacion (Evaluation)

MUCHAS GRACIAS, UNIDOS PODEMOS!

INTERCAMBIO EXERCISES

“Quien Somos Conocimiento” Chart (10/15 min.)

- learning community is invited to respond “experientially” to the categorical areas in the chart that reflect participant’s life experience of culture, family, community, and as service provider

- facilitator introduces “ground rules” creative, free interpretation of categories; no right or wrong answers just responses; share only what is comfortable

- facilitator introduces “conocimiento”: awareness, understanding, knowledge; “quien somos”: collective of participants engaged in a common effort; intercambio; group effort to clarify resources, needs, resolution strategies that promote personal, communal power

- categorical areas of “Conocimiento” chart:

  - your full name
  - cultural origin of your family name
  - place of birth of (a) father (b) mother (c) yourself
  - generation you represent in U.S.
  - cultural identity
  - community identity (a) rural (b) urban (c) other
  - occupational identity
  - family experience (a) nuclear (b) extended (c) bonded
  - your place of work
  - your role/position at work
  - years of formal education
  - years in the field of human services
  - years in the area of child abuse
  - where you “see” yourself in five years
  - FREE SPEECH

* Exercises

- facilitator computes categorical areas of "Conocimiento" and presents refleccion of "Quien Somos to learning community in the course of intercambio activities

"Que Quiero" (10/15 min.)

- learning community identifies expectations, goals, objectives of intercambio
- facilitator requests one word or phrase to describe participant's perception of:
  - soy (name)
  - quien soy (who I am): who you are
  - quien somos (who We are): who you perceive group to be
  - que quiero (what I want): what you want to learn today
  - una palabra (one word): how you feel about being here

"Quiero Servir La Raza" (15/20 min.)

- learning community assessment of expectations, resources, needs participants have in serving La Raza; participants respond from personal and service provider perspectives
- learning community breaks into small groups, each group selects a recorder to document responses in newsprint provided by facilitator

"Que Espero" (what I expect)

- identify the characteristics, behaviors you expect from:
  - an abusive family
  - a Raza family
  - a service provider

"Que Tengo" (what I have)

- identify the resources you have when working with a Raza abusive family
  - personal resources
  - service provider resources

"Que Necesito" (what I need)

- identify the needs you have when working with a Raza abusive family
  - personal needs
  - service provider needs
  - learning community reconvenes, facilitator requests Una Palabra; outcome of this esfuerzo (effort) is integrated by facilitator to be presented to learning community during the course of the intercambio

"Quien Soy-Somos Conocimiento" Exercise (one hour)

- learning community implements Razalogia, Raza Practice methods, skills to increase participant's cultural awareness (culture in ourselves) and cultural competence (awareness, information, understanding, knowledge of culture in others)
- learning community breaks into pairs to engage in a one-to-one exercise, a booklet with instructions, illustration, and activity to promote conocimiento
- learning community reconvenes, facilitator requests Una Palabra to describe participant's perception of the most significant thing they learn from partner, themselves, and the exercise

"Semillas del Futuro" (one hour)

- learning community implements Razalogia, Raza Practice methods, skills, and base of knowledge developed by the participant's esfuerzo in this intercambio; cultural interventions to assess, and identify resolution strategies with a case of a Raza family in a situation of potential abuse

- learning community identifies (a) impact factors; (b) role expectations: (c) resolution strategies in the Semillas case that they define as acceptable or unacceptable

- facilitator emphasizes the variety of family experiences that exist in the Raza culture, explaining that the Semillas case only represents a point in the continuum of experience of Raza culture-family-community

- learning community breaks into five groups, each group is assigned a role/character of the Semillas case; groups select a recorder/spokesperson to record responses in newsprint provided by facilitator and to present highlights of esfuerzo to total learning community at the end of the exercise

Role Playing – "La Familia Gonzalez"

- role play characters in Semillas script; at the end recorder requests una palabra to identify participant's affective reaction to the script

- identify characteristics and behaviors you find acceptable or unacceptable in the character assigned to your group: father, mother, comadre (comother), service provider, daughter

- identify impact factors in the crisis situation of the Gonzalez family as
  . resources . needs . barriers and stresses

- identify resolution strategies presented in Semillas that you find acceptable or unacceptable; add your own intervention strategies, recommendations

- learning community reconvenes; facilitator requests recorders to present highlights of Semillas exercise
  . acceptable and unacceptable role characteristics, behaviors
  . resources, needs, barriers and stresses of "La Familia Gonzalez" crisis situation
  . acceptable and unacceptable resolution strategies, group recommendations for intervention strategies

Intercambio Bibliography

Gonzalez del Valle, Amalia. Raza Social Work Practice (in progress). A special project to develop curriculum material using Razalogia as a theoretical framework and teaching modality for Social Work education, Mountain View, California: Spring 1982

Gonzalez del Valle, Amalia and Lavandero, Rose. "Cultural Awareness Training for Child Welfare Workers" DHEW Child Welfare Teaching Grant awarded to the School of Social Work, San Jose State University, San Jose, California: June 1981.

Gonzalez del Valle, Amalia and Hernandez, Francisco M. Serving La Raza: A Training Manual, For the Human Services. DHEW Child Welfare National Significance Hispanic Cultural Materials Grant awarded to the School of Social Work, San Jose State University, San Jose, California: June 1980.

Hare, Isadora. "Cultural Responsiveness in Child Protective Services." ASW/APWA, National Professional Resource Center on Child Abuse and Neglect, Information Paper IV, Washington: (No Date).

Leigh, James W. "Service Effectiveness and the Ethnic Competence." Region IX, Child Welfare Training Center, UCLA School of Social Welfare, California: (No Date).

"Education of the Service-Competent and Ethnic-Effective Social Worker." Presented at Mental Health Community Support Systems in Rural Areas Workshop: "Education for Practice With Minorities," Yakima, Washington: October 20, 1980.

Vargas, Roberto. Raza Student's Guide to Social Transformation. Razagente. Oakland, California: May 1982.

"Psychocultural Oppression and Raza Mental Health: The Conceptual Framework of EL NO." (working draft – November, 1980).

"Liberacion Comunal: An Ideology for Promoting the Health of Nuestra Raza." prepared for First Annual California Raza Health Planning Conference, Pomona, California: May 1979

Martinez, Samuel. Hijos del Sol: An Approach to Raza Community Mental Health. Monograph Hijos del Sol, Hayward, California: 1981.

Child Sexual Abuse Comprehensive Bibliography. compiled by Child Sexual Abuse Task Force of California, N.O.W.; Parents United Child Sexual Abuse Treatment Program; Central California Child Abuse Program.

"Analysis of Socio-Cultural Materials in Social Work." prepared by Amalia Gonzalez del Valle for Fall 1982 course, School of Social Work, San Jose State University, San Jose, California: May 1982 (course description, content areas, extensive bibliography that has been compiled as a reader: Conocimiento Es Cultura: A Reader For Social Work Students Serving La Raza.)

LISTEN, DO YOU WANT TO KNOW A SECRET?

Pete A. Sanchez, M.Ed.
Migrant Education Consultant
Region VI Education Service Center
Huntsville, Texas

Many times students, teachers, and parents do not understand each other because there is a misunderstanding of communication. Students are so involved in their own little worlds and are searching to establish a social group that they can enjoy and understand. This is the problem. They do not, or rather we do not understand what enjoyment is, and if and when we do experience enjoyment, the enjoyment goes by very quickly and therefore we do not believe it really happened. What is going to happen with the total person? How can you communicate with these people? First of all, feelings have to come from within the total person. You must ask yourself what am I doing here, where am I going, and where did I come from? People need to realize that every moment is important in life and not just wait for Friday. Every day should be a Friday. I always say that I wish it was Monday again. People are always rushing life. Life is too short as it is, therefore, we must appreciate the moments, just moments, one after another.

I wish it was Monday again. Every time I make that statement I get a negative reaction from the audience. My response is that if you do not like the job you have, get out. There is a great big world out there and you should not be wasting your time and the child's time not accomplishing anything.

We are living in a society that is rapidly closing and the cultural extremes of people are indeed different. How can we try to understand other people if many times we do not even understand ourselves. This is why I think it is important that teachers teaching students should, at minimum, know something about the child's background. I am referring to the child's cultural background. It is important that all personnel involved in the teaching or helping of children understand the child's background. The better the understanding of the child, the better the trust and respect.

The behavior of parents and the love given to their own children is noticeable as the child grows up. Parents must work and spend time (even if just moments) together with the child. The following are concepts of behavior helpful to parents:

1. Be consistent with your child.

Both parents must correct negative behavior instead of one parent being partial to the child. The child can take advantage of one of the parents. In the cases I have observed, the father is more lenient to all the children and the mother more towards the daughters. Children are apt to experiment to see how far they can manipulate their parents. The success of controlling child behavior is a combination of efforts by both parents. In the case of single parents, the child needs to have or be around a role model, especially in the earlier years of childhood.

2. Set clear standards of behavior and stick to them.

Do not change the patterns of correcting negative behavior and always recognize positive behavior. Children must also be treated as a total person. It is important that the child receive the needed care and concern. If you tell the child something, then, by all means follows through, or the child will gradually lose confidence in you and eventually eliminate the need for your respect. The child is dependent on you as a parent or a teacher. Both parents and teachers must set clear standards of behavior for their children and students. It is very important that both parents join together in their efforts to establish communication that is understood by the child. It is important that both parents take time to listen to the child. This is an important behavior pattern of communication.

Teachers should establish specific ground rules early in the school year with their classrooms. This will help in the disciplinary problems and in the overall management of the classroom. The students must realize and understand the purpose for being in school. Clear and definite standards of behavior must be established and enforced.

3. Do not allow the child to rule the household.

It is very important that specific limitations be established within the home and surrounding environment. The child will try to manipulate and take advantage of any situation that he/she feels will benefit them. If both parents are not in agreement to the disciplinary action, the child begins to con one of the parents. Once again, having rules is important and must be executed by both parents, for them to be successful.

4. Do not place too much pressure on the child, but do not be too lenient.

This is perhaps the most difficult concept to accomplish. We do no know exactly when the child is actually learning. It takes time before one can realize what the students are learning, but if someone does not keep up with the child, he/she could end up at the Texas Youth Council (a correctional institution for juveniles) or at Hunstville, Texas (the State Penitentiary in Texas). The junior high teacher is stating that the students cannot be read because the elementary teachers did not teach them anything and the same with the high school teachers blaming all three: the parents, the elementary teachers, and the junior high teachers. The entire system of education in Texas needs to revamp and concentrate more on the overall accreditation process, evaluation of schools, and teacher pay raises. The ideal situation would be to have no cafeteria duty, no bus duty, and fifteen students per class. One cannot teach thirty-five students in class when ten or twelve are behavioral problems. What are we going to do? That is a part of life. We have to adjust as a total person and communicate with them.

5. Praise and recognize achievements, but do not overlook efforts.

The child needs and will expect praise every day. We do not take time to praise people for just doing simple things. How many times have you told someone that they look nice and really mean it? This concept is so limited by people, yet it has so much meaning in the joyous fulfillment of one's day.

6. Be flexible. The child may also have a bad day.

One must be flexible every day. The total person must be able to adjust and read just because there will always be someone, somewhere in your life, you do not like. Students are in many ways the same. I have asked students in primary grades if they have a teacher that they like and can communicate with. They respond, "Yes, maybe one." I have asked them if they have a teacher they do not like. The response is "yes." They not only have one but two or three. Children, especially in the lower grades must learn to communicate with the teachers or persons that they do not like because when they mature, they will be better able to handle the same situation with their co-workers, boss, or other persons. I have asked students why they do not like school. They respond, "It's boring, the teacher does not know his/her subject, the books are too difficult, and school is a waste of time." We as parents, teachers and educators must be firm but at the same time flexible in dealing with all aspects of a child's life.

7. Set a good example.

The child reflects on his/her parents' behavior. If the parent's behavior is negative then their children's outcomes will be negative. Time and again we tell the child not to do this, to do that, and so on. The child will eventually do what he/she wants to do, but with a good understanding of morals, rules, and regulations, the child can grasp a good foundation of what is expected in the American society. In most cases the child is going to experiment with drugs and alcohol, therefore, we need to be educationally aware of all the circumstances and be prepared to be an adult model. We need to know and learn how to be more responsible. The elementary students really do not know why they are in school. One must become a total person and be able to play many roles.

8. Spend a part of the day really listening to the child.

In today's society both parents usually work to make ends meet at home. This allows the child more opportunities for free time. It is very important that the family structure be united and that the line of communication be open especially when there are problems. We do not have time for ourselves, much less anyone else, but we must strive to achieve our responsibilities, goals, and ambitions.

The child needs all the attention that anyone can share. Attention will help to develop the "total child." In acquiring attention the child needs to be heard. We should take the time (seconds in some cases) to listen. It is so meaningful to the child that parents, teachers, or anyone listen to their concerns. If we just take time to listen to the child, those [illegible] seconds or minutes could possibly change the child's attitude and life skills to include learning, living and working skills.

9. Be honest. A child can see beyond words.

Honesty is perhaps a stronger work than love, because love is built on honesty and affection. The child needs someone to hug and be hugged.

I went to a jailhouse one time, not because I was in jail, but to counsel a young man who had gotten into trouble with the law. I asked him if he had any friends and his response was, "Yeah, I have a lotta friends and good buddies." I asked him if any of his good buddies had come to see him. His answer was "No." Stop for a minute and think of a true and honest friend. A friend that you can trust and communicate with at any time, especially during troubled times. I do not care if that friend lives in Houston, Texas or Buffalo, New York. Everyone must have someone to hear his cares and concerns. It is difficult to say and admit that one needs help. Everyone needs help at sometime or another.

10. If the child encounters serious behavior problems, contact a professional person.

In this final concept of behavior, often the parents or even college students are ashamed to discuss their problems. Peer pressures usually create a need to be alone and reject the need for help.

For some it will be too late and the necessity to get professional help will be even greater. Peer pressures and the need to gain a social status can be dangerous. Many students no longer want to be "A" students because most of their friends are "B" and even "C" students. This is the "in thing" and concerns many educators as well as parents. If we can follow the forementioned concepts of behavior then I personally feel that we have done all that is possible to insure that our children have had the foundation for a successful and enjoyable life.

Positive and negative expressions can affect the child's well-being. So many times we yell and scream at out own kids. Some teachers go to the extremes and embarrass students by saying negative expressions in front of their classmates. (See Chart #1 for a comparison of postive and negative expressions.) Our emotions and feelings must be controlled in the prevention of using negative expressions.

The child is wanting to hear more positive expressions. All the child wants and needs is attention and a touch of love and affection. The child is saying: "Listen to me, Understand me, Look at me, Tolerate me, Help me, Respect me, Laugh with me, Talk with me, Accept me, Comfort me."

One word I left out is confrontation. It is difficult to accept criticism. Children think that when we correct negative behavior, we are punishing them. In reality, we are helping them. The tone of voice and our actions frighten them and make unclear the understanding of what we mean. Although the kids do not want to be corrected, they do want you to change them, but they do not want you to know it. Communication is the most difficult part of life and yet is so simple. We make life difficult for ourselves and other people. We just do not take time to communicate.

A friend of mine, years ago, asked, "Good morning, Pete. How are you?" I responded, "I'm fine, thank you." Before I finished my response, he was already in his office. The next morning he again, asked, "Good morning, Pete. How are you?" I took him into my office and told him how I felt, the problems I was having financially, and what I had planned to do that day. The next morning, he came in and just said, "Good morning, Pete." He did not bother to ask me how I felt anymore. We do not even communicate as adults, and yet, we expect children to listen and respond to our expectations.

To help keep up with the amount of time spent with a child, I have included a form (See Chart #2) titled, "What did you do with your child today?" The chart is to be used on a monthly basis. The days of the week are blocked off and each time you spend time playing, reading, listening, etc. with your child, document it. At the end of the month go back and see how much time you really spent with your child or students. If at the end of the month you have a lot of empty spaces on your form, you are not spending enough time with your child. It is surprising to see how little time we actually do spend with our own children due to many reasons and excuses.

I recall a story about a little girl seven years old that worked after school painting an oil portrait of her family. The family consisted of the parents and herself. One day after the father had a busy day at the office, the little girl came downstairs to present the painting. The father immediately scolded her and told her to leave him alone. Naturally, the little girl went back upstairs in tears. The mother later explained to the father what the little girl wanted to say. Can you imagine how the father felt? If only he had taken just one minute, even a few seconds, perhaps his entire evening could have been enjoyable and happy.

In reference to dropout prevention from school, students are inclined to pursue material things and therefore seek work without having developed any skills (academically or vocationally) with which to be employed.

There are many factors affecting dropouts. (See Chart #3.) Students tell me they are bored and dislike the teachers and administrators. I personally think dropping out of school is due to peer pressures, parents' education, knowing the importance of graduating, and embarrassment because they can not read. Some children that come from educated parents are pushed too much and the demands by parents cause a negative resentment towards school. Some parents even go to the extremes of selecting what field of study is appropriate for their children, even though the child dislikes the parents' decision. It is the parents' responsibility to guide their children and discipline their behavior. If they do not, the courts and correctional institutions will provide assistance and treatment.

A large percentage of all juvenile delinquents in correctional institution in Texas come from broken homes and have parents who do not care or parents who are separated or divorced. The students never saw a model at home and were around negative behavior. We all need to develop a more positive attitude toward life in general. I think sometimes we are afraid to live and worry too much about dying.

Kids live in fantasy world, which is good because they use their creativity. They also need to realize that we are living in a real world. I have asked kids to tell me when they study. Do you know when they study? Some do not study. Others study before they watch television and during commercials. HBO (Home Box Office) has changed television, and now, some students stay up all night.

Parents must establish the ground rules best for their children. We must be ourselves and not pretend to be someone else.

97

Research shows that parents of high achievers have:

1. Read to the child.
2. Provided reading material at home.
3. Willingly talked with the child.
4. Allowed less time to watch TV.
5. Provided stimulating games.
6. Provided many experiences.
7. Used praise (not money) and encouragement for rewards.

Life is full of so many ups and downs. People are becoming more concerned and sometimes depressed with their own personal lives. With all the complications of life, the moments of sadness and happiness, the scenes of beauty and the breath of fresh air, we must still strive for a fulfilling and enjoyable life.

The secret is: You must LOVE and UNDERSTAND yourself, then share your LOVE and UNDERSTANDING.

Chart 1

NEGATIVE EXPRESSIONS	MORE POSITIVE EXPRESSIONS
Must	Should
Lazy	Can do more when he tries
Trouble maker	Disturbs class
Uncooperative	Should learn to work with others
Cheats	Depends on others to do his work
Stupid	Can do better work with help
Never does the right thing	Can learn to do the right thing
below average	Working at his own level
Truant	Absent without permission
Impertinent	Discourteous
Steal	Without permission
Unclean	Poor habits
Dumbbell	Capable of doing better
Help	Cooperation
Poor	Handicapped
Calamity	Lost opportunity
Disinterested	Complacent, not challenged
Expense	Investment
Contribute	Invest in
Stubborn	Insists on having his own way
Insolent	Outspoken
Liar	Tendency to stretch the truth
Wastes time	Could make better use of time
Sloppy	Could do neater work
Incurred failure	Failed to meet requirements
Mean	Difficulty in getting along with others
Time and again	Usually
Dubious	Uncertain
Poor grade of work	Below his usual standard
Clumsy	Not physically well co-ordinated
Profane	Uses unbecoming language
Selfish	Seldom shares with others
Rude	Inconsiderate of others
Bashful	Reserved
Show-off	Tries to get attention
Will fail him	Has a chance of passing, if

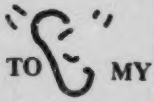
Chart 2

MONTH ______________________

READ A

LISTENED

TO

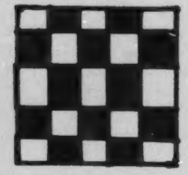


MY

CHILD READ

OR TALK

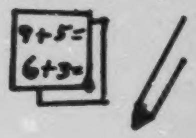
PLAYED A



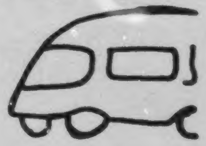
GAME

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

HELPED
WITH WORK THE
CHILD DID NOT
KNOW OR
UNDERSTAND



TOOK MY
CHILD
SOMEWHERE



WHAT DID YOU DO WHAT DID YOU DO WITH YOUR CHILD TODAY?

FACTORS AFFECTING DROP-OUTS

1. MIGRATION MOVEMENT, DURATION, FREQUENCY
2. FAMILY PRESSURE TO DROP-OUT – DO PARENTS LIKE CHILD'S FRIENDS?
3. IMPORTANCE OF GRADUATING – JOB OPPORTUNITIES
4. PEER PRESSURE – DOES CHILD'S FRIENDS LIKE SCHOOL?
5. ENGLISH ABILITY
6. LIKING OF SCHOOL
7. LIKING OF CLASS
8. PARENTS' EDUCATION
9. PART TIME WORK
10. EXTRA CURRICULAR ACTIVITIES
11. FAMILY PROBLEMS-PARENTAL INVOLVEMENT
12. FINANCIAL CONCERNS – DID CHILD HAVE AS MUCH AS HIS/HER PEERS?
13. EDUCATION ATTAINMENT – NUMBER OF YEARS COMPLETED
14. BOREDOM
15. DISLIKE OF TEACHERS AND/OR ADMINISTRATION

References

Acosta de Brenes, Esperanza and Dintz, Simon and Feracuti, Franco. Delinquents & Nondelinquents in the Puerto Rican Slum Culture. Ohio State University Press, Columbus, 1975.

Black, James A. and Caldwell, Robert G. Juvenile Delinquency. The Ronald Tress Co., New York, 1971.

Cole, Larry. Our Children's Keeper's. Grossmen Publishers, New York, 1972.

Cull, John G. and Hardy, Richard E. Introduction to Correctional Rehabilitation. Charles C. Thomas, publisher, Springfield, Ill., 1973.

Davis, Samuel M. Rights of Juveniles. Clark Boardman Company, Ltd., New York, 1974.

De Fleur, Lois B. Delinquency in Argentina-A Study of Cordoba's Youth. Washington State University Press, 1970.

Elseree, W. S. Elementary School Administration and Supervision. American Book Co., New York, 1967.

Emory, R. E. Johnson and Stoops. Elementary School Administration. McGraw-Hill, New York, 1967.

"Food Served with Efficiency and Economy," School Management, October 1971.

Gluech, Sheldon. The Problems of Delinquents. Houghton Mifflin Co., Boston, 1959.

Keehner, Lorraine. "Public Relations Program for Buses Urged," School Business Affairs, April 1972.

Knowles, Asa S. Handbook of College and University Administration. McGraw-Hill, New York, 1970.

Martin, John M. The Analysis of Delinquent Behavior. Random House, New York, 1970.

McClellan, Grant S. Juvenile Delinquency. The H.W. Wilson Co., New York, 1956.

McKay, Henry D. and Shaw, Clifford R. Juvenile Delinquency and Urban areas. The University of Chicago Press, 1969.

CHILD ADVOCACY FOR BICULTURAL AND SPANISH-SPEAKING CHILDREN IN CHILD ABUSE AND NEGLECT COURT PROCEEDINGS

Barbara Sanchez Smart, Program Specialist
Child Advocates Office
Superior Court
Los Angeles, California

Introduction

The contention of this workshop is that advocacy for Hispanic and other minority children is a necessary component in serving abused and neglected children and families who are under the jurisdiction of the Juvenile Court. When an abused or neglected child has been identified and reported to the authorities, the Department of Public Social Services and the Juvenile Court are set up to protect the child from further abuse and neglect and to provide a home for the child that will furnish care equivalent to that which should have been provided by the parents. Although our child protection systems do an excellent job of protecting children from future abuse, there is still much to be desired in terms of facilitating an early return home or in the alternative, finding other appropriate permanent homes for children.

In many cases, particularly with minority children and the economically disadvantaged, we find that we are providing a system that is detrimental to our children and families; one that disrupts parent-child relationships, cultural and family ties, and further increases the anxiety and trauma to individual children and families.

As concerned professionals involved in human services, we have a responsibility and an obligation to advocate for the children and families we serve to assure that parental abuse and neglect is not replaced by bureaucratic apathy and possible systems abuse upon families.

Definition of Terms

1. Bicultural - Persons of Hispanic descent who are immersed in both their native culture and the U.S. dominant culture (e.g., persons of Mexican descent, raised in the U.S., may not speak their native language but still practice other aspects of their culture (customs, traditions) and function well in both Anglo and Mexican environments).
2. Chicano, Latino, Mexican, Hispanic - Refers to people of Hispanic descent who experience and interact with the U.S. dominant culture systems. For purposes of this workshop the terms will be used interchangeably, irrespective of regional and political variances in traditional use of each identification.

   It is the contention of this writer that there is relatively little difference in how the child welfare system handles a Chicano family versus a family from El Salvador. Differences do arise based on one's ability to understand and speak the English language and one's documented status.
3. Dependency Court - The branch of the Los Angeles Juvenile Court that handles only child abuse and neglect cases. Delinquency cases are handled in Delinquency Court. Both branches are under the auspices of the Los Angeles Superior Court. The Los Angeles County has seven dependency courtrooms to handle the 800 to 900 child abuse and neglect petitions per month.
4. Child Welfare System - the umbrella public government system that assumes responsibility for the welfare of child.
5. Child Protective Services - The public agency that receives child abuse referrals, investigates, supervises, and provides treatment and placement services.

Why Minority Advocacy?

Child abuse and neglect is occurring at a phenomenal rate. National statistics conservatively estimate that at least 652,000 children are harmed by child maltreatment each year. They further estimate that it is likely the actual figure is 1,000,000, or more. (National Study of Incidence and Severity of Child Abuse and Neglect.)

There are no national studies available which can accurately identify the number of these children who are members of particular ethnic groups. Although we know that abuse and neglect crosses all socioeconomic and racial boundaries, the child welfare systems find their primary caseloads tend to consist of low-income families. In the United States income and race are related. We can assume then that children of minority families would be disproportionately represented in our juvenile courts and child protection systems.

The California State Office of Child Abuse Prevention compiled statistics on the ethnic origin of families involved with Child Protective Services (CPS) for cases completed in January of 1981. Their figures confirm that Hispanic and Black families are overrepresented in our child welfare systems. The 1980 census reports that Hispanics (Chicanos, Mexicans, Latinos) comprise 19.2% of the California state's population. Child Protective Services' (CPS) statistics counted 24.9% (child abuse and neglect cases) to be of Hispanic origin. Black families comprised 18.3% of the state's CPS caseload. According to the 1980 census, Blacks only comprise 8% of the state's population. Native Americans comprise .08% of the state and yet are 1.4% of CPS caseloads. This data indicates that children of minority families are disproportionately represented in the child abuse system.

One may inquire as to the possible reasons for this overrepresentation. It could be that children from low-income families are at a greater risk of experiencing abuse and neglect than children from high-income families due to the fact that low-income Hispanics and Black families are subject to greater environmental and family stresses associated with poverty. Multiple stresses combined with other elements can create a climate which is conducive to child abuse and neglect.

However, it seems more likely that children of poor and minority families are reported more often than their Anglo counterparts. Since there has not been any research conducted with respect to ethnicity and child abuse reporting, one can only speculate as to reasons for this phenomena. The Child Abuse Reporting law in California mandates all professional and paraprofessionals who work with children (i.e., teachers, psychologists, nurses, doctors, etc.) to report suspected cases of child abuse and neglect. Minority and poor families tend to have more contact with public agencies which are legally obligated to report (e.g. clinics, welfare offices, etc.). This puts them in a position of scrutiny by the public agencies. On the other hand, more affluent families receive medical care from their private, personal physician with whom they have developed a longstanding relationship. The physician may be committed to assist the family in resolving any suspected child abuse problems in a more private and personal manner. For example, the family might be referred to a private psychologist for help, avoiding court involvement.

Another possibility is that we live in a society where racism is a sociological problem. It is conceivable that authorities may be more severe and judgmental in applying child protective service standards to Hispanics and other minority communities. Language and cultural differences regarding child-rearing practices can contribute to misunderstandings, communication gaps and inappropriate assessments of family interaction.

In this writer's opinion, minority families are involved in our child welfare system due to a combination of the above. That is, our families are subject to greater stresses due to low-income status and tend to be reported more often due to public agency contact. One cannot deny that racism does exist and may also enter into the decision-making process. The common denominator we see in the majority of these cases is the socioeconomic status of the family. Generally speaking, the families are poor.

Whatever the cause, child abuse and neglect is a social problem affecting all of society. Research supports the fact that abused children often end up in our juvenile delinquent facilities and later may enter our adult prison systems. Many become violent crime offenders, and others carry the psychological scars of their childhood into adult relationships, creating family dysfunction. Advocacy efforts on behalf of all children are essential to assuring that children and families are afforded the best quality protection, care and planning possible while under the jurisidiction of the juvenile court.

The Child Welfare and Court System:
Theory vs. Reality

Los Angeles County directs the largest juvenile court in the nation. There are approximately 18,000 children under the court's jurisdiction at any given time. In 1982, some 8,000 new cases of child abuse and neglect were filed with the court. Approximately one-third of these cases is comprised of Latino and/or Spanish-speaking families. These cases range from a variety of severe physical abuse and complex sexual abuse cases, to cases of drug-abused newborn babies, or neglected children left unattended, or malnourished, etc.

The impact of this system upon Latino, Spanish-speaking children and families can be observed at every stage of the process. It commences with the initial reporting of suspected child abuse cases and continues until court jurisdiction is terminated. Unfortunately, for too many of these children, the length of time that they are dependents of the court can cover the majority of their childhood years.

Theoretically, foster care is meant to be a temporary living arrangement to allow the child to remain in a safe and secure environment until the problems that resulted in the court's invervention can be resolved. The reality is that there are children who drift in the foster care system indefinitely with no long-term planning taking place to meet the child's need for stability and permanence. For Spanish-speaking children the effects of this travesty can be even more disastrous.

In California, the Department of Public Social Services (DPSS) is responsible for placement of children who are dependents of the court and for seeing that the parents comply with the court's orders for treatment. Due to the drastic increase in the numbers of child abuse cases entering the system and the simultaneous government funding cutbacks, the children services workers are overwhelmed and overburdened and can barely do crisis intervention much less begin to meet all the needs of individual children and their families.

Once under court jurisdiction the families are sometimes ordered to engage in psychological therapy and/or parenting classes. Ideally, the parents should receive the necessary treatment, and DPSS should be able to assist the family, supervise the case, and monitor the court orders. The child should be able to return home within a reasonable time period and provided with services. If the child does not return home, an early determination should be made as to whether or not any possibility exists of that child being reunited with his/her family. If no possibility exists, then immediate steps should be taken to place the child in another permanent home, i.e., adoption. It should be noted that minority children are considered less adoptable than Anglo children.

The following hypothetical case illustrates various types of "systems abuse" upon families. Granted, not all of these elements would be present in any one case situation, but the effects of just one form of abuse can make a difference in case decision-making throughout and also affect the final outcome of the case.

Maria is a 14 year-old child who had been in the U.S. (coming from Mexico) since she was nine years old.* Her father speaks only Spanish and is an unemployed construction worker. Her mother also speaks only Spanish and devotes her time as a homemaker and mother to her other six children who range in age from 9 months to 14 years.

Maria's case came to the attention of the court when a school counselor observed bruises on her arms, and Maria reported that her father had used a belt in punishing her for staying out late with a boy. The counselor reported the case, the police picked up Maria at school, and the father was arrested. Maria was placed in a foster home pending court action. At the initial hearing two days later the father was appointed an English-speaking attorney. He admitted that the allegations were true and was very angry, since he felt that he had taken proper action in disciplining his child. The case was scheduled for a pre-plea hearing.** The hearing was conducted through an interpreter. Maria was ordered to remain in the temporary foster home until the next hearing. She was unable to attend the school she was enrolled in because the foster home was out of the area. She had been placed in a Black section of town and was residing with a Black foster family. Maria's desire was to return home.

During the three-week interim period, DPSS conducted an evaluation of the family's situation. It was discovered that the entire family was living in a small, two-bedroom dilapidated house and that some of the children were sleeping together on the floor. There was little food in the refrigerator. The investigator was a middle class, English-speaking, white social worker who was concerned that the home was too crowded for all of the children. In addition, it had been reported that the father frequently used corporal punishment with all of his children. The worker was considering filing a court petition to remove the other children from the home. Each time she visited the home, she was unable to communicate directly with the parents and used the younger children to interpret. The father was angry and hostile and the investigator was very uncomfortable in his presence.

Meanwhile, Maria was having difficulty in her foster home. She had been enrolled in the school in the neighborhood and was constantly being harassed by teenagers in the neighborhood and school.

The parents, having no understanding of the court process, and never having communicated with anyone who spoke their native language were still in shock about the fact that their child could be taken away legally. They attempted to contact their court-appointed attorney prior to the pre-plea hearing but to no avail since no one at the law firm spoke Spanish.

At the pre-plea hearing the social study was presented. It revealed that Maria had been acting in ways that were unacceptable to the parents and that the father had resorted to physical discipline. It also addressed the crowded home conditions and empty refrigerator.

The court ordered the parents to enroll in a parent education class, to participate in family counseling and to obtain suitable housing. The child was to remain out of the home until these conditions were met. The father continued to express anger and hostility toward both the court and his daughter. She was being blamed for the entire problem.

A new DPSS worker (English-speaking) was assigned to the case and a six-month review hearing was scheduled. The parents were referred to counseling and parenting classes. It did not come to light until the six-month review that the parents had been placed on a waiting list for a Spanish-speaking counselor and had not yet been called, and that there were no parenting classes available in Spanish. The social worker recommended continued out-of-home placement until the family could meet the conditions of the court. Maria had been removed from the original foster home and placed in another one which was located across the city from the parents' home. Monitored visitation for the father was recommended and reasonable visitation for the mother. It was not taken into consideration that they had to travel by bus for one and a half hours to visit. Eventually, the visits practically ceased. Maria was 16½ years old when she was finally reunited with her family.

---

*Fictitious case example based upon true cases.

** A pre-plea hearing is scheduled three weeks after the initial hearing. The adjudication and disposition are handled at the same time. Usually, the family agrees to a social study.

Two and a half years is not that long a separation when one considers that many of these cases remain in the system for four, six, or ten years. Maria was lucky that she was 14 years old instead of two years old at the time she was removed from her parents.

The concept of time differs dramatically as perceived by an adult and by a child. A child who is four years old and who has spent two years in foster care has spent one half of his life away from his natural family. The chances are great that the child after two years has developed an emotional bond with his foster parents. Natural parents with a young child in foster care who have been unable to obtain appropriate treatment for their foster child due to the unavailability of resources are at a great risk of losing their child due to the system.

A case in point is 5½ year-old Tomas. He was a monolingual, Spanish-speaking child removed from his family at the age of 3½ and placed with an English-speaking, foster parent. At 5½ the child had lost all of his ability to speak Spanish and his parents were unable to verbally communicate with him. When the foster parents expressed an interest in adopting this child, their attorney's argument was that the child could no longer communicate with his natural parents, that he had been a dependent of the court for three years, that he had bonded with the foster parents, and that there were sufficient grounds for termination of parental rights.*

These two case situations highlight some of the most pressing and critical problems that Spanish-speaking children and families face when they get caught up in the child protection/court system. Basic problem areas relate to language and understanding of cultural variables by system personnel.

For example, Maria's father felt that were he not to do something about his daughter's behavior he would be remiss in fulfilling his duty as a father. Latino culture dictates that the head of the household take disciplinary action when children do not respect and obey authority. Granted there were alternative means of discipline, but the father was not aware of them, nor was he aware that causing bruises on his child was illegal. There are virtually no public awareness materials on child abuse and neglect printed in Spanish. Had these parents been afforded the services of a bilingual/bicultural social worker and attorney and had culturally relevant parenting resources available to them from the onset of court intervention, Maria may have been allowed to return home at the pre-plea hearing.

Both children and parents fail miserably to understand court proceedings. Court and DPSS personnel are equally failing in their understanding of what may be an accurate family situation. Both of these failures are the result of cultural miscommunication and misunderstanding. Assessments are made at the early stages of the court proceedings which often dictate the ultimate decision in a case. Unfortunately, Spanish-speaking families have hearings translated via a court interpreter. The interpreter may be bilingual but not necessarily bicultural. Much of the essence of communication can be lost via the interpretation process. It is of the utmost importance for court and DPSS personnel to understand not only language, but intonations, mood, inflections, and double meanings, to avoid misinterpretations.

There exists a tremendous lack of sensitivity to the cultural dimensions of child abuse on the part of child welfare systems. Much of it is due to a dearth of cultural awareness training, but the primary problem is the insufficient numbers of bilingual and bicultural personnel to handle the significant increase in the number of Latino cases before the court.

Other problem areas include: the inadequate number of Latino and Spanish-speaking psychiatrists and psychologists available for evaluation and treatment of physically abusive, sexually abusive, emotionally disturbed, and neglectful families; and a critical shortage of intensive individual therapy centers, family counseling programs, and parenting classes for Latino and Spanish-speaking families.

Furthermore, children have a right and a need for permanent and nurturing homes which will enable them to develop their identities and a positive awareness of their racial/ethnic heritage. Prime consideration should be given to children remaining with their birth parents. However, when it is necessary to remove children from their families of origin, their subsequent foster or adoptive placements should be in homes that reflect the unique values of the particular child's cultural heritage.**

---

*Section 232 of the California Civil Code declares a child be freed for adoption if the child has been in foster care for two or more consecutive years.

**Los Angeles County Department of Adoptions and Department of Public Social Services policy statement, "Cultural and Familial Continuity Policy", June 25, 1982.

There is a critical shortage of foster and adoptive homes for Latinos and the Spanish-speaking. Due to this lack of available placement, many children are placed outside of their culture and remain there for extended periods of time. Of course, attempts are first made to place the children with relatives.

Another major problem area in Los Angeles County concerns dependents of the court who are in the U.S. illegally. There exist no county or state policies to handle these types of cases. Consequently, they are arbitrarily disposed of, depending on the attitude or whim of the worker dealing with the case. Some of these children end up under the county jurisdiction because they were left homeless as a result of an immigration raid at their parents' place of employment. Sometimes they wander the streets or live by themselves until somebody takes notice.

Problems arise with this category of cases due to a lack of a consistent, sensitive and fair policy for their handling. There have been instances where a child was referred to the immigration authorities by judges and social workers. Some children have actually been placed on a deportation bus and dropped off at the Mexican border without the authorities knowing whether the child is from Mexico, El Salvador, or Guatemala.

The fact remains that these undocumented children are entitled to the same treatment afforded other children who are under the court's jurisdiction. For instance, when a child is sent out of California to another state, a social worker accompanies the child and ensures that the home he/she is being sent to is suitable. He is not bused and dropped off at the state line. Furthermore, immigration authorities do not have the capacity to house, or be responsible for, children who are here without their parents. The juvenile court must assert its jurisdiction and protect these children.

In some cases, the children are protected from deportation while under the court's jurisdiction. However, there continue to be cases where the child lives in a foster home until age 18 and then is subject to deportation after court jurisdiction is terminated. The child may no longer know anyone in his native country nor even speak his native language. No remedies have been proposed at either county, state or federal levels to deal with this group of children.

This writer is not of the opinion that any of the above system deficiencies are the result of intentional or deliberate attempts to harm Latino and Spanish-speaking children and families. Nor is my intent in highlighting these areas to convey that our child protection systems are not necessary or even imperative. Separating children from their families is not always the result of faulty policies and practices. There are parents who do not care, who abandon or repeatedly abuse or neglect their children. Legal helping systems are vital to protect these children from further harm, and even death, in some cases.

It must be respected that the juvenile courts and child welfare systems are all experiencing excessive caseloads, budget cutbacks, caseworker turnover, and worker burn-out. They are handicapped by a system that is comprised of multiple, often poorly connected decision makers. Systems abuse upon poor and minority families is common to all who happen to enter the system. Families and workers alike are subject to what I call the bureacratic three "P's." That is, policies, procedures, and politics. This is in addition to rules, regulations, county and state laws, case laws, code sections and what appears to some to be a foreign language called "legalese." The child protection system has a unique funnel effect. Once a child enters, it is extremely difficult for him to get out intact.

In spite of interest, commitment, good will and positive intentions, for many of the children who remain in foster care, the state fails to meet its protective responsibilities as a substitute parent. Children and families become victims of gross public neglect at all levels of government by the very systems charged with protecting them from allegedly neglectful and abusive situations. The impact upon the family, society's most fundamentally important institution, is one of breakdown, failure, separation, trauma, and resignation.

Developing An Advocacy Strategy

As concerned professionals and members of the very system we are discussing, we have an inherent responsibility to ensure the effective delivery of services to reduce the negative impact of inadequate human service systems. This calls for advocacy efforts for the children and families we serve, and support for our social services and legal systems, geared toward improving the quality of service delivery. Consumers of service and systems providing service have a dual responsibility to be accountable to one another.

Advocacy can be individual or collective. Many professionals and paraprofessionals have the attitude that there is not anything that can be done to change ineffectual systems because they are acting as individuals who care, and the system is massive. The reality is that systems are made up of people, and within those systems are people who genuinely care about children and families and are committed to helping them.

On an individual level one can advocate for particular cases by doing seemingly simple tasks. For example, making a telephone call to the new worker after a case has been transferred to assure continuity of information.

As a clinician in a community treatment program, a follow-up telephone call to the family and the court can make a difference in terms of providing pertinent information and, if necessary, continued care for the family. The problem with nongeneric case handling in large systems is that there is very little coordination, follow-up, continuity of information, and continuity of relationship with the child and family. For Latino and Spanish-speaking families the problem is even more acute, particularly if they are in need of or have obtained a Spanish-speaking worker with whom they have developed rapport and trust, essential ingredients to effective treatment.

When advocating on an individual level it is important to seek the support of others who share similar concerns and beliefs about advocating for children and families, to avoid the worker burn-out syndrome. Having lunch together a few times a month is one way of doing this. If distance is an impediment, then perhaps a phone call will do. The idea is being able to talk, share concerns and help one another.

One example of how individual advocacy can mushroom into collective advocacy is The Spanish Speaking Court Task Force in the Los Angeles Dependency Court. This is a small group of individuals working within the court system who had shared concerns about the handling of Latino child abuse cases. We would meet for lunch and discuss problem areas and possible recommendations for improvement. We are now meeting regularly with the Supervising Judge. Some of our concerns have since been addressed. It is important to network with others, share information, and develop a shared knowledge base.

Other techniques that have been recommended by Latino workshop participants include:

1. Always maintain and work toward closer contact with the community at large. This could consist of establishing communication and ties with community-based organizations and developing coalitions.
2. Understand the legal framework under which you operate.
3. Focus on and obtain statistics and research that supports your case.
4. Make changes at level of administrative decision making.
5. Coordinate with other helping systems involved with the family. Make it a point to identify the Chicano and/or Spanish-speaking person on the case.
6. Keep abreast of existing and new community resources. Use them.
7. Develop independent advocacy organizations. Write proposals for funding.
8. Reach out for volunteers wherever possible.
9. Be aware of any existing advocacy organizations and tap them for assistance on individual cases.
10. Organize parent groups.
11. Keep abreast of legislative developments. Consider class action suits where appropriate.
12. Create/identify communities of common need for action.
13. Enable people to feel capable of making change.
14. Remember that the cultural strengths of our families are our greatest resource. Encourage them.

Conclusion

It seems that as long as we continue to live in dense communities afflicted with all of the societal ailments that accompany crowded conditions and poor economy such as unemployment, inequality of opportunity, and family disintegration, that child abuse and neglect will continue to increase. Due to the complex nature of our society, massive bureaucratic human service systems will continue to develop and expand, inadvertently providing an institutional and insensitive response to family needs and problems.

Members of Hispanic, Spanish-speaking and other minority families continue to fare poorly as consumers of social services. A clear lack of awareness of cultural and language differences and socioeconomic problems, relevant to planning and implementing effective services for minority families, is pervasive within human service delivery systems.

The ramifications of this type of systems abuse/neglect upon minority families are devastating. Services designed for populations in need are inaccesible to large segments of these populations, particularly Spanish-speaking children and families. Social service systems designed to help families in need have actually contributed to family breakdown, fragmentation, and loss of cultural and family heritage.

Expecting human service systems to reverse public policies and practices simply because they are unjust and abusive to minority families is highly unlikely. History reveals that social/system changes have come about only through the dedicated efforts of individuals and groups willing to advocate for children and families and their cause. Hispanic family advocates are faced with an enormous challenge. Many have developed strategies of identifying alliances, forming coalitions, and obtaining positions where decisions are made on policies and programs. Many others are working toward the development of alternative helping systems for minority families.

As concerned professionals involved with bureaucratic helping systems, we must continually ask ourselves what we can do to make that system more sensitive and responsive and must continually explore alternatives to existing ineffectual systems.

We must retain our optimism and enthusiasm in striving for a better quality of life for the children and families we serve. Our families, our society, deserve to be strengthened and supported. Only then will the demands for institutional care lessen. Only then can we enable people to feel capable of making change and put an end to all forms of systems abuse upon families.

PROGRAM, POLICY, PRACTICE AND PERMANENCY: RECRUITMENT OF HISPANIC PARENTS

Benjamin Cuellar, D.S.W.
Associate Professor
Department of Social Work Education
California State University
Fresno, California

Purpose

The primary purpose of this institute is to provide child welfare practitioners and agencies with some information and knowledge which they can utilize to increase their effectiveness in practice with individuals of Mexican descent, their groups, organizations, and communities. This information can also be applied to practice with other Hispanic groups in the United States such as Puerto Ricans, Cubans, El Salvadorians, etc.

The Problems to be Addressed:

Mexican American parents and children are in need of the same range of services required by all children and families in society, probably even more in need because of the high level of poverty within this population group. Child welfare agencies have failed this group in their "charge of providing social services to children and young people" who are unable to fulfill their child-rearing responsibilities, and whose communities fail to provide the resources and protection that children and families require.

There are many barriers to the Hispanic community's receipt of child welfare services. Countless studies and agency evaluations have documented the fact that Hispanics underutilize traditional child welfare services as well as all the other social and human services. The explanation for their underutilization of services has been one shaped by the cultural determinism perspective. Their culture is seen as the reason for the irrelevance, ineffectiveness, non-acceptance and underutilization of services.
Some specific explanations that have been offered in the literature are as follows:

1. Chicanos have less need for services than other ethnic groups due to support factors intrinsic to their culture.
2. The services are irrelevant because of their culture.
3. Alternative resources exist within the Mexican American barrio which are favored in certain circumstances over the formal public resources.
4. Mexican Americans prefer to utilize ethnic natural resources.

Culture is not the only factor causing underutilization. The phenomenon of underutilization by Mexican Americans is much more complex than has been recognized or acknowledged in the past. A seemingly endless list of contributing factors is presented below:

. . . segregation
. . . separation
. . . discrimination, both institutional and individual
. . . lack of trained personnel and institutions to train them
. . . disengagement of agencies and institutions
. . . weak or non-existent Chicano interest groups in the social services
. . . poverty
. . . class
. . . education
. . . lack of access
. . . no participation in policy formulation, planning, implementation
. . . location of resources
. . . view of Mexican Americans as being homogenous
. . . negative interaction between institutions of our society and Mexican American individuals, groups and communities
. . . lack of appropriate technology
. . . bureaucratic barriers
. . . worker attitudes
. . . lack of resources
. . . lack of political power due to gerrymandering
. . . myths and stereotypes
. . . social distance between majority personnel and minority clients
. . . language differences

There are no simple answers only difficult, complex, and interrelated solutions to difficult, complex, and interrelated problems.

Adoptions and foster care agencies in the Southwest have been unsuccessful in their efforts to recruit Mexican American prospective parents for the Mexican American children under their care and jurisdiction. This problem is becoming more crucial with the present and projected rapid growth within the Mexican American population through birth and migration from Mexico and its subsequent ramifications for adoption and foster care agencies — — an increase of Mexican American children under their jurisdiction.

The Mexican American community can take care of "los ninos sin hogar," "the children without homes," within its boundaries if given the opportunity. Child welfare workers need to be aware of the increasingly strong feelings among members of this community with regard to the placement of Mexican American children in Mexican American homes. While achieving such a goal may not be possible under all circumstances, serious efforts in this direction should be made as a demonstration of commitment. These efforts have not been made.

A clear majority of Hispanic children who are placed in foster and adoptive homes are placed among non-Hispanic persons. Hispanic children, particularly those who are older and handicapped are not being adopted under the present system and are thereby permanently lost in the foster care system. There has been created, therefore, a population of Mexican American children who either lose their cultural roots (raices) or who are lost in the foster care system. They have become "los ninos perdidos," "the lost children," and far too often "los ninos olvidados," "the forgotten children." A 1979 study of foster children in Fresno County, California, in fact, found that Chicano children in foster care had a greater chance of remaining in the foster care system on a longer term basis than Caucasian children. They were less likely to be reunited or moved into other permanent settings. In the state of California, the last figures available (1979) indicate that 4,193 Hispanic children (the vast majority of Mexican descent) were in foster care. In that same period only 209 Hispanic children were placed for adoption.

Child welfare agencies in the Southwest have been unsuccessful in their efforts to provide permanency for Mexican American children under their jurisdiction and care. The Mexican American family, individual, parent, children and community have been defined as the problem by the child welfare systems. Instead, the policies, practices, and structure of the child welfare system are themselves much of the problem.

A Goal for Child Welfare Agencies: Recruitment of Hispanic Parents "Por Los Niños," "For The Children"

Child welfare agencies have to begin carrying out their permanency planning mandate for so called "hard to place Hispanic children." The most important step in this direction is the recruitment of Hispanic parents through modifications in agency and professional practices. An interrelated step is the adoption of the Hispanic position as agency placement policy along with the actual allocation of resources to implement the policy. They need to look at their "agency readiness." This is the ability of the agency to develop improved policies and practices and to present these options to the Hispanic community from whom they are trying to draw potential parents. It includes such factors as: there are few Hispanic administrators in line positions in adoptions and foster placement agencies; there is often a lack of agency policy regarding Hispanic staffing, recruitment, outreach, and affirmative action; there are agency educational needs which must be met in order to improve the quality and appropriateness of social services to Hispanic children and potential parents.

The "ready" agency must establish policies and institute practices that will facilitate the recruitment of Hispanic parents. In addition, it must provide an appropriate and supportive ethnically sensitive organizational climate for responding to the placement needs of Hispanic children. Child welfare agencies wishing to develop ethnically sensitive practices for working with the Hispanic community must meet certain pre-conditions. The effectiveness of individual social workers is very much dependent upon these pre-conditions.

Some of these pre-conditions are as follows:

1. Gather information used to evaluate program in meeting Hispanic adoption placement goals.
2. Establish reward systems for certain kinds of worker performance, i.e., working with Hispanic community groups, organizations and leaders.
3. Develop in-service training for everyone.
4. Establish structural and personal linkages for Hispanic individuals, organizations, groups and communities.
5. Programs should provide time, specific assignments, develop and initiate supportive policies, provide

information about Hispanic community, give recognition for special efforts, provide material resources including bilingual printed material, pamphlets, film strips, movies, audio tapes and facilities within the Hispanic community.

Why are these pre-conditions so important? The answer is fairly obvious. Agencies, not individual social workers, establish policies. Agencies set priorities and gather information that is used to evaluate progress in meeting placement goals. Agencies establish reward systems for certain kinds of worker performance, and create certain expectations for worker performance. In short, establishing a climate where desired ethnic sensitive practices may be implemented by individual social workers is the first step in converting good intentions into desired practices. Wtihout the support of that agency climate, even the most competent staff or the best in-service training for social workers may be largely ineffective.

The agency has to make some adjustments in policy, practice and organizational structure.

Cuellar, through his research, (1981), identified organizational attributes which serve to identify particular organizations as belonging to particular ethnic groups. Introducing elements of organizational ethnicity through changes, modifications, and additions could improve an agency's practice with the Mexican American community. Some of the organizational attributes identified by Cuellar are agency policies, agency mission, goals, and purposes, cultural content in agency programming ethnicity of agency staff, name of the agency, client homogeneity, residence of clients, specific agency efforts to support ethnic identity, ethnicity of director, ethnicity of agency board, agency location, ethnic programming, etc.

Operationalization of Agency Readiness

Experience with in-service training in a variety of settings such as public schools, private businesses, and social service agencies has shown that staff training is usually only as effective as the ability of the organization to implement the results of that training. It does very little good to train elementary school teachers to use bilingual materials if school policies do not allow bilingual educational programming. In the same way, it does very little good to train social workers to "relate well to the Mexican American community" if the agency itself does not or cannot relate appropriately to that community.

What are some of the ways that an agency can prepare itself to work with the Mexican American community and to best serve the needs of Mexican American children through its placement policies and practices? One way, of course, is through its personnel policies and practices. Another is through its staff educational policies and practices. And still another is through the modification of certain agency practices and policies or the adoption of new ones to more appropriately meet the needs of Mexican American parents and the children themselves.

Personnel Policies and Practices

It should almost go without saying that any agency that is attempting to establish a positive working relationship with a particular clientele must employ staff persons who represent, reflect, and have the capacity to work with and communicate with that clientele. Stated in that particular way, it is difficult to disagree with such an observation. But, let's examine some of the implications of such a statement.

First, it is not enough to simply employ a given number of Hispanic personnel. The effective agency will employ appropriate personnel at each level where: (1) there is an interface between the agency and the particular clientele; and (2) decisions are made which have a significant impact upon the relationship between the agency and the particular clientele. An agency must ask itself, "may we expect potential Hispanic foster and adoptive parents to phone this agency?" If not, why not? If so, what provisions have been made to conveniently accept/refer such callers? Is there need for a receptionist or an intake worker with particular qualities, skills and understanding? Are there other key functions within the agency where decisions are made, information is disseminated, or information is gathered, and where there is need for staff who can and will serve both the needs of the agency and the Hispanic client. A good example of this are meetings where placement decisions are made. There is a critical need for Hispanic staff participation and presence at those meetings. Staff need to have some self awareness about their values, prejudices, and assumptions. They need to place themselves in hypothetical situations where they are at a loss to communicate to someone else about the needs or services they require. What would they do?

The agency needs to have staff who will enable it to have communication capacity with the Hispanic community. Personnel in child welfare agencies located in areas where the total population includes a large proportion of Hispanics should be hired and evaluated on some of the following bases:

1. Knowledge of Spanish
2. Knowledge of particular Hispanic cultures, and their ethnic reality.
3. Self awareness of assumptions, myths, stereotypes, prejudices.
4. Involvement with Hispanic community.
5. Number of Hispanic families and individuals in caseload.
6. Past experience in working with the Hispanic population.
7. Past training in working with Hispanics.

Hiring should be done with a view to acquiring Hispanic staff at all levels in proportion to their representation in the community. Consideration should be given to differentials in pay and assignments. These would be ideal practices. The reality, however, is quite different. A significant number of counties in California, for example, do not have Mexican American staff in their foster care or adoption programs.

Agency Education

There are at least two levels of educational need among social service (child welfare) agencies that are involved with the placement of Hispanic children into appropriate homes: first, there are educational needs that exist at the organizational level of the agency, itself; and second, there are needs which exist at the level of individuals within the agency. The fact that both levels exist points to the fact that the responsibility for the improvement of services is a shared function between the organization and the individual social worker.

At the level of the agency, education begins with the gathering of information -- about clients to be served, about the status of current practices, and about the effectiveness of any efforts to improve services. In other words, agencies should engage in comprehensive needs assessments, and in rigorous evaluation practices. In the case of Hispanic children and potential foster and adoptive parents, the agency must determine such things as the actual number of Hispanic children who are in foster care and those who are available for adoption; the actual number of Hispanic families who have inquired about foster care and/or adoptions or who have not inquired but who represent a potential within the community; and the positive and negative features of the agency's current policies and procedures regarding Hispanic adoptions. Where are the Hispanic children currently being placed? Why? Are there alternatives that have not been explored? If so, why have these alternatives not been acted upon?

A training exercise that may be utilized by an agency in this regard is to employ what is known as the Delphi (or modified Delphi) technique. A trainer asks small groups of staff persons to each list on "butcher paper" five steps that the agency might go through to address the questions raised above. A follow-up discussion of these suggested steps and their implications for agency practices serves not only to generate information that may be used by agency policy makers, but also to help involve the agency staff in the identification of problems and in considering possible solutions, such as setting of particular goals, development of new staff roles, and location of facilities in the barrio.

Evaluation of efforts to improve practices is essential to the "self-education" of the agency. One need not be specifically trained in complicated research designs in order to participate in a cooperative evaluation plan. Although there have literally been hundreds of textbooks written on the topic of evaluation in the social sciences, it really comes down to a very simple formula: (1) what did we set out to do? (2) how close did we come to doing it? and (3) what did we do wrong?

This process also helps to involve and inform the staff about the agency's capacity to serve the particular needs of Hispanic children and foster and adoptive parents. The process need not take a great deal of time, and it does not have to be used in such a way as to reflect upon any particular staff member or work unit within the agency. When considered as a "self-help, self-education" technique, evaluation is a non-threatening activity. The idea is to ask, "how can we do things better?" not, "where are we at fault for the things that we did or did not do in the past?" Evaluation and self-assessment should be positive processes. But, in any case, it is absolutely essential to the process of agency education.

Staff in-service training is often one of several outcomes of agency needs assessment and evaluation. The content of that in-service training may relate to the development of other competencies or new skills; the development of new insight, knowledge, and attitudes toward clients and their particular situations; or the development of the social worker as an individual. Skill development, cognitive and attitudinal development, and ethnic sensitive personal/professional development are all legitimately included under the broad heading of in-service training. Moreover, all should be considered whenever any agency is planning an in-service program for staff -- and whenever an individual social worker is asked to assist in developing a list of in-service training priorities! Individual workers can assess their own needs for kinds of training on the basis of experience and on the basis of understanding what expectations they hold for themselves.

In-service training for agency workers should not be limited to only those who actually work with the Hispanic community or to lower level agency staff. Keeping in mind the earlier point about establishing a supportive environment, one realizes that the collective outcomes of in-service education represent a change in the entire climate of the agency. Agency personnel at all levels should be encouraged to engage in an agency-wide in-service effort. The actual number and kinds of training experiences will, of course, vary from one person to the next, and from one type of position to the next. Yet, in establishing an in-service schedule, agency personnel should seek to identify a common core of training experiences and utilize that core of experiences to foster a mutual "community of concern" with regard to the problems, issues, and obstacles related to Hispanic placement in the agency. It should also be kept in mind that training is a means, not an end. It is also not the only strategy that should be utilized. This is too often the case!

The Modification of Agency Practices

The final element of "agency readiness" is the knowledge that, as a consequence of enlightened policy and improved agency education, certain agency practices will undoubtedly require some modification. Social service agencies, like other bureaucratic organizations, are not known for their ability to be flexible. The modification of agency practices -- which, themselves, may have taken years to develop and refine -- is not a popular discussion item among policy makers and other agency professionals who, in most cases, often feel that they spend most of their time adjusting to changes that have been passed down from "on high." Therefore, we must be reasonable in our expectations for change -- no matter how critical such changes are to the ultimate well-being of the agency's clients. There is a need for radical change. However, there are few radicals to be found in the child welfare system.

A moderate position regarding changes in agency practices as these practices relate to Mexican American and Hispanic adoptions may have more to do with supplementing current practices than replacing them. Examples of such changes can be characterized as a form of incremental ethnicity, the addition of services and programs for each specific group that makes a strong demand. The example of constructing Spanish versions of standard intake and evaluation forms for clients serves to illustrate how current practices may be changed simply through the creation of new and supplemental options.
Other examples are as follows:

1. All placement and relinquishment decisions regarding Hispanics should include a Hispanic staff member.
2. Adoption of the Hispanic placement position. Specifically, this position states that in any foster or adoptive placements of Hispanic children, "under color of law," preference should be given to placement with the following:
   a. A member of the child's extended family
   b. A family from the same Hispanic group as the child
   c. Other Hispanic families
   d. Other families capable and willing to give the child a sense of identity and respect for his or her cultural heritage
3. Dictation on clients of minority extraction should include a section on culture. This section of the dictation should include:
   a. Racial or cultural group identification
   b. Familiarity and usage of a language other than English
   c. Degree of interaction with an ethnic or racial groups
   d. Cultural heritage: information about this should be diet, religion, cultural artifacts in home, etc.
4. Spanish-speaking clients will be assigned Spanish-speaking workers.
5. Establishment of a standing committee whose function would be to assess, recommend and help develop strategies to improve service delivery to Mexican Americans.
6. Develop Mexican American Recruitment units.
7. Create Mexican American Community staff specialists for coordination of community education and outreach efforts aimed at Hispanics. They would provide the appropriate technology to establish linkages and form networks within the Hispanic community.
8. In-service training should focus on training staff for practice with Hispanics, not just to be "culturally aware."

9. Home studies should be carried out by someone with knowledge of the social systems and institutions of the barrio.
10. Workable policies should be developed for working with undocumented immigrant natural parents and their children.
11. Develop a systemmatic statistical gathering mechanism to inform decision makers and assess intervention effectiveness in serving Mexican Americans.

The key to understanding this concept of change, and indeed, to understanding the needs to which this entire paper addresses itself with regard to recruitment of Mexican American parents for Mexican American children in need of permanency planning, is that of creating new options --- for Mexican American and Hispanic children, for foster and adoptive parents, and for the agency's professional staff. Simply stated, "agency readiness" is really a matter of having those options available.

Reaching a state of agency readiness is greatly assisted by the individual efforts of the workers, themselves. Their skills, attitudes, and commitment determine in large part the effectiveness of the agency in its overall efforts to recruit Mexican American parents and provide appropriate permanent placement por los ninos, for the children.

Community Readiness

Community Readiness has to do with the relationship between the Chicano community and the child welfare agency. As a rule, the Mexican American community is not aware of the existence of adoption agencies and services, the range and function of such services, or how to obtain access to these. There is a great deal of ambiguity in the community regarding who is actually served by the adoption agency, and who may be served. In fact, experience and documented studies have revealed that where there is contact between public foster care and adoption agencies and members of the Mexican American community, these have often occurred in a negative context. Members of the Mexican American community feel dismayed upon learning that Mexican American children are often placed in non-Hispanic foster homes – homes which often become permanent with the adoption process.

Most foster care and adoption agency workers fail to realize that within the Mexican American and Hispanic community there already exist strong natural helping networks of families and other associations that are extensions of the primary group. Although the concept and practice of formal adoption may be somewhat alien to the natural helping network, the concept and practice of "taking care of one's own" surely is not. Numerous researchers (Cuellar, Jenkins, Hill, Gilbert, Valle and Martinez, Valle and Mendoza, etc.) have shown that all ethnic groups, including Mexican Americans and Hispanics have a variety of intermediate organizational structures to which they belong and which they utilize to meet their needs, particularly those of a familial and emotional nature. Thus, we have a situation which cries for the establishment of linkages between the formal agency and the informal natural social system of an ethnic group such as the Hispanic community. Agencies must not find themselves in the position of underestimating the potential for adoptive parents within the Hispanic community or of not taking advantage of the linkages that are already present.

Earlier, we spoke of agency responsibility to create new options for the Mexican American client. Again, this recommendation seems to apply. Adoption agencies must make themselves visible to that community, and they must foster positive relationships in that regard. A simple formula is something like the following: 1) the agency should develop culturally appropriate options for serving the needs of Hispanic children, foster, and adoptive parents; 2) prepared with these options, the agency should develop an understanding of and linkages to the natural helping network of the Hispanic community; and 3) by means of these linkages, the agency should present the culturally relevant options in pursuit of Hispanic foster and adoptive parents.

Within this simple formula, a number of specific strategies may be employed by agencies and by individual workers. At the agency level:

1. An Hispanic Family Specialist function should be created and assigned to an agency staff member. Preferably, this individual should be Hispanic. The responsibility of this individual would be to lead the agency and its staff in the development of an information dissemination system -- probably in conjunction with a community education program in which all staff could participate. If the Hispanic population served by the agency is very large, a Hispanic unit or unit within the agency should be established.

2. Each agency should develop a list of Hispanic social service agencies, Hispanic staff members of those agencies, voluntary associations in the community, and key individuals such as community leaders, Hispanic priests, and community spokespersons. Agencies must recognize that within the Hispanic community there is an entire social network and that within this network are leaders, bureaucratic elites,

consejeros (counselors), servidores (community workers), and others who in many ways supplement the the service efforts of the traditional social service structure. Outreach efforts to establish linkages with these informal networks within the Hispanic community are essential to overall agency success in recruiting Hispanic adoptive families.

3. Hispanic media such as newsletters, radio, television, and special community events should be utilized to inform the community about the function of the adoption agency and about the need for Hispanic adoptive parents for Hispanic children. The media campaign should be conducted in both Spanish and English, for many Hispanics who qualify as adoptive parents are bilingual or, in some cases, more fluent in English than in Spanish. Staff should appear on T.V. and radio shows to discuss the need for Hispanic adoptive families.

4. Along with a media campaign, each agency should develop cultural themes that are appropriate to the intended target audiences: Por Los Ninos may be one such theme that could prompt elected public officials and Hispanic leaders to declare an official Hispanic Adoption Week campaign. The concept of La Familia, The Family, is another cultural theme that may be utilized.

5. Speakers should be available to Hispanic groups, organizations, or business firms that would like a speaker on adoptions, or who would be willing to display appropriate posters and brochures.

6. Each agency should schedule and advertise well a monthly bilingual Adoption Information meeting. The facilities should be comfortable, the atmosphere informal, and the location convenient to the intended audience. If possible, refreshments should be available and the meetings should involve all staff members. Pamphlets in both English and Spanish would help to advertise this function.

7. Finally, each agency should establish an Hispanic Adoptive Family Group whose function is to help inform the general community about adoption practices and to serve as advocates and guides for potential Hispanic adoptive parents.

The following special event activities are mechanisms that individual workers can initiate, plan and implement to form and develop linkages with the Mexican American and Hispanic community. Any worker, Mexican American or non-Mexican American, with agency support and personal commitment can successfully carry out these suggestions.

A special event is anything that brings people together into a group of individuals with a shared interest. It is a valuable educational tool to heighten community awareness and help people focus on what needs to be done about a local problem. In this case, the problem is that Mexican Americans want to provide care for and adopt the children of their communities. But, they do not know how many Mexican American children are available for adoption, or how to go about getting them.

Each worker and each agency can carry out the following suggestions in their own ways. The cost of such activities is measured in individual time and commitment, agency support and resources. The purpose, of course, is to foster the development of community linkages.

1. Participation in Hispanic parades or events. Displays, games, and booths may be utilized to inform and recruit Hispanic individuals and families.

2. Development of Hispanic community award dinner, or luncheon, to honor Hispanic adoptive and foster parents and Hispanic volunteers. This is an excellent way to get the foster care and adoption workers, Hispanic parent groups, individuals, and community leaders together in an atmosphere of friendship and good will. In many cases, recognition and thanks is overdue.

3. Organize Hispanic poster contests with a family theme such as "Gracias por una familia" (Thankful for a family). Start about four weeks ahead of time to allow for promotion, collecting the posters, and judging them.

4. Open house celebrations, tours of the agencies, and related orientation activities may be organized by Hispanic adoptive parent groups, — who might also act as hosts to such events and who will help to publicize them. If such a parent group is not available, contact a local Hispanic community organization·

or service group for assistance. A pot-luck for agency staff may also be hosted by the adoptive parent group as a way to establish personal linkages.

5. Staff, foster and adoptive parents, or potential adoptive parents and interested Hispanic community organizations might prepare Thanksgiving dinner or a Christmas celebration, complete with presents, for institutionalized Hispanic children who have no families with whom to celebrate.

6. Suggest that a Catholic priest or other clergymen who serve Hispanic parishes or churches do a special service on adoptions, particularly during "adoptions week." Religious leaders are often looking for a timely topic.

7. Car cards (signs on taxis, buses, trains, and trolleys) and outdoor signs with an adoption theme should be placed and circulated in places with large Hispanic populations. Workers can obtain space and financial assistance through non-profit or civic organizations and local businessmen.

8. Contact schools and individual teachers in areas where there are large numbers of Hispanic residents. Ask them to set time aside to talk about adoption and the need for Hispanic foster homes.

9. Organize fund-raising events in the Hispanic community with the theme "Por Los Ninos." Themes such as these have particular appeal to the Hispanic culture which is characterized by a strong community sensitivity to the well-being of its children.

One should not assume that the Hispanic community is unprepared to accept collective and personal responsibility for the well-being of Hispanic children in need of permanent homes. Rather, one must discover the natural helping network that has, traditionally, helped to fulfill the child care function in that community for many generations. And, one must learn how to interact with that network in positive and productive ways. The Hispanic community, including its natural networks, its leaders, its interest groups, its professionals, its organization, its advocates, etc., and child welfare agencies need to work together for the best interest de los ninos, of the children.

There are, in fact, many resources that can be utilized by child welfare workers if they take the time to search them out and cultivate them. Although it is up to the individual worker and the agency to identify appropriate resources, a list of examples follows:

1. Chicano priests and clergymen
2. Chicano agencies
3. Chicano union officials
4. Chicano social service providers
5. Chicano professionals (physicians, attorneys, professors, dentists, teachers, etc.)
6. Chicano businessmen
7. Chicano voluntary associations (G.I.Forum, CSO, League of Mexican American Women)
8. Chicano civic organizations (Mexican American Political Association)
9. Chicana organizations (League of Mexican American Women, Adelitas, Mujeres de Atzlan)
10. Chicano Peer Groups (car clubs, gangs, Pintos)
11. Chicano interest groups (Chicano groups whose membership reflects special interests and concerns, such as Chicano Employment Associations, Chicano Adoptive Parents, M.E.Ch.A., MAD - Mexican American Democrats)
12. Chicano professional groups (Raza Lawyers, Chicano Faculty Associations)
13. Hispanic indigenous service providers (family, vecinos, neighbors; compadres, coparents, consejeras, counselors; community workers, servidores, etc.)
14. Hispanic Bureaucratic Elite (well-educated Chicanos with at least a four-year college degree) mid-level bureaucratic personnel in social service and human service agencies, in colleges and universities, in the legal and medical professions, and associated with other large government agencies at the state and federal level.
15. Hispanic political elite
16. Hispanic economic elite
17. Hispanic social entrepreneurs – An individual within the Chicano community who will try to organize something for those in need – seeing for himself opportunity for rewards of prestige, profit, or additional

members for his organization.

18. Ad Hoc voluntary association (These are clubs or groups which organize for particular issues, elect officers, plan a program and a fund-raising drive and then go out of existence when their objectives are achieved or interest wanes.)
19. Chicano indigenous of groups (Pintos, low-riders, M.E.Ch.A., Brown Berets, Mujeres de Aztlan)

Attention should be given to the fact that individuals of Mexican descent include a diverse and complex population in the United States. They can be found on a cultural identity continuum that includes subgroups such as Mexicano, Mexican American, Chicano, Hispano, American of Mexican descent, and others. There are many factors that influence where an individual, family or group places himself on this continuum. Some of these factors are: generation, degree of cultural assimilation, age, formal education, points of origin within Mexico, sex, skin color, geographic location in the United States, socioeconomic class, religion, personal experiences, and so forth. There are also differences within each subgroup. The child welfare worker should not ignore the fact that there are a variety of Mexican American clientele groups that his agency has contact with. Some of these are natural parents, foster parents, infants, adolescents, pregnant teenagers, undocumented immigrants, etc. Each has its own needs and problems. It is essential that each agency and agency worker be fully informed about the subgroup and clientele groups with whom the agency is attempting to establish a positive relationship. And it is critical that the same distinction is made with regard to identifying the potential foster or adoptive parent within the Mexican American community.

Implications for Agency Practices

When the adoption agency has reached a state of readiness and has begun to establish a positive working relationship with the Mexican American community, it may then adopt a number of practices that are keyed particularly to serving the Mexican American foster or adoptive parent. These practices fall into four categories: 1) recruitment practices in the Mexican American community; 2) working with the potential Mexican American adoptive parent; 3) advocating for the potential Mexican American adoptive parent within the agency; and 4) following parents through the agency.

Each social worker should realize that there is no "corner on the market" in working with Mexican Americans. Adoption workers, whatever their particular race, color, or creed, can successfully provide services to this group if they want to and are willing to prepare themselves to do so.

Each worker needs to examine his own experiences and feelings regarding his desire and ability to work with Mexican American clients, groups, and the community in general. (Am I comfortable working with the Mexican American population? If not, why not? Is Mexican American recruitment important to me as a professional? How do I personally relate to the Hispanic position?)

The child welfare agency, itself, represents a vital resource to the worker. The agency may provide the worker with needed time, specific assignments, supportive policies, recognition for special efforts, information about the community, and a variety of material resources including bilingual printed materisl, pamphlets, filmstrips, movies, audio tapes, and facilities located within the Hispanic community.

It would be futile, for example, to organize a Mexican American open house at the agency if there were no bilingual materials to distribute, display, or demonstrate. Attendance at parent group meetings in the evening requires flexibility of agency hours for workers to participate. These examples of agency resources are essential to worker success in recruitment, working with Mexican American adoptive parents, parent advocacy, and following parents through the agency.

Conclusion

Child Welfare agencies in the Southwest have been unsucessful in their efforts to provide bilingual bicultural placements and permanency for Mexican American children under their jurisdiction and care. Traditional recruitment methods have not worked. There are many complex and interrelated factors for this failure, many of which were discussed in this paper utilizing concepts of community and agency readiness. Major factors include the lack of an organizational and political will and the lack of a developed technology, (knowledge, theories, models, experiences, techniques, curriculum, organizational design) for practitioners, in the field of child welfare who provide services to Mexican American children and families. Hopefully, this paper will serve as a new beginning in helping to develop the necessary technology for ethnic sensitive practice.

There is no magic prescription that will ensure overnight success. It will depend on the skill and motivation of the individual worker, supportive agency environment, and the participation of the Mexican American community.

117

References

Cuellar, Benjamin and Rodriguez, Dolores and Ramirez, Helen. "Permanency Planning for Hard to Place Chicano Children and Youth." Concept paper submitted to Department of Health and Human Services, January 13, 1982, p. 14.

Cuellar, Benjamin. "The Chicano Agency: A Study of Social Service Agencies Serving Persons of Mexican Descent." unpublished doctoral dissertation, Columbia University, April 1981, p. 270.

Brown, John A. "Voluntary Association Among Ethnic Groups in Detroit, Michigan: A Comparison Study." unpublished doctoral dissertation, University of California, Berkeley, 1975.

Fishman, Robert G. "A Note on Culture as a Variable in Providing Human Services in Social Service Agencies," *Human Organizations*, Vol. 38, No. 2 (Summer 1979), pp. 189-192.

Gilbert, M. Jerome. "Communities Within Communities: Social Structural Factors and Variation in Mexican American Communities," *Hispanic Journal of Behavioral Sciences*, Vol. 2, No. 3 (September 1980) pp. 241-268.

Hil, Carol E. "Adoptions in Public and Private Behavior of Ethnic Groups in an American Urban Setting," *Urban Anthropology*, Vol. 4, No. 4, 1975, pp. 333-347.

Jenkins, Shirley. "The Ethnic Agency Defined," *Social Service Review*, Vo. 54, No. 2 (June 1980).

Valle, Juan Ramon, and Mendoza, Lydia. *The Elderly Latino*. California: The Campanile Press, San Diego State Universtiy, 1978.

Valle, Juan Ramon, and Martinez, C. "Natural Networks Among Mexican Elderly in the United States: Implications for Mental Health." *Chicano Aging and Mental Health*, edited by M.R. Miranda and R.A. Ruiz, Human Resources Corporation, 1980, pp. 86-107.

LEGAL PROCEEDINGS ON CHILD ABUSE AND NEGLECT CASES: THE RIGHTS OF PARENTS

Aurora M. Sanchez, B.S.W.
Social Worker
Bexar County Legal Aid
San Antonio, Texas

Gary Javore, L.L.D., Attorney
Law Offices of Johnson and Christopher
San Antonio, Texas

This workshop will focus on the rights of parents in termination cases, with emphasis on the practical aspects of defense, outlining the legal process and what defense and prosecuting attorneys do in either defending or prosecuting the child abuse or neglect termination case.

Aurora Sanchez, a social worker with Bexar County Legal Aid in San Antonio, Texas, will discuss the interfacing of social work in the legal arena and the reason that it is imperative to have a social worker or other professional to support the defense attorney, or to have the attorney become a professional in that area. Ms. Sanchez will also discuss the rehabilitation efforts in setting goals for clients and other basic client considerations; in particular, the problems faced when Anglos, or persons who are not of the Mexican American culture, encounter families who have been threatened with having their children removed, and their expectations, the expectations of the system, and how these need to be joined in formulating treatment plans and providing services for families.

The last topic of discussion will be temporary orders, which are probably the most crucial part of the termination case.

Aurora Sanchez:

Working with a group of lawyers is sometimes not a enviable position because lawyers and social workers do not often see eye to eye when it comes to making a decision about removing children or leaving them with parents who have been accused of abuse or neglect. Lawyers always want to deal with the facts; they want to know if it happened or not, and if it happened, then how to defend them and get the child back with the parents as soon as possible.

One of the first things I had to learn and teach lawyers is that it is not always the right thing to get a child back to its parents, either for the client you represent or for the child, even though returning the child to its family is a possibility.

My work as a social worker at Bexar County Legal Aid Society began when the need arose for a social worker to handle the social problems that came with the legal problems that people wanted Legal Aid to resolve for them. The clients wanted a social worker who would get them money for utilities, emergency food, or a place to live, or someone to provide transportation for them to the social service agencies. The legal aid clients also wanted a social worker who would do some legal work, such as filling out amended birth certificates.

Subsequently, the more we worked together, the more we got an understanding of our different roles: I was there to provide those emergency services and to make the clients' lives somewhat easier; the attorney's job was to address the legal issues, and also provide some alternative to the social problems which often accompanied and at times, exacerbated their legal problems. We wanted to avoid saying, "That's not a very important problem: we will just get you divorced, and everything will be fine," or after the State had taken the children away, saying "There is nothing we can do; they are obviously right because they are the state."

We found out that they were not always right. At the time, the State employed a large number of non-minority caseworkers who were swamped with 50 to 60 cases. After many visits, the differences in the way the parents take care of their children diminish perceptually. Thus, the expedient thing for caseworkers to do at that point was to use their leverage: take the client to court, file a petition, and tell them, "If you do not change, we are going to take your children away." When the cases reached this stage, it became apparent that there had never been real communication between the caseworker and the client nor any identification by the caseworker of what "progress" meant in their evaluation of the clients' relationship with their children.

The Texas Family Code states that the Texas Department of Human Resources (TDHR) can take your child away from you if you are not a "good parent." Not being a "good parent," is a very vague concept. If someone were to say to me, "You are not a good parent," I would not know whether or not to argue with them, because I do not know what a "good parent" is, or what a "good parent" is, in their terms.

Consequently, one of the first problems that we began to address was the manner of assessing the child abuse or neglect case, which eventually became one of the areas in which the lawyers began to utilize social

119

Participant: It sounds highly unlikely!

Javore: It does sound highly unlikely. However, when you measure those distances, it is just too much of a coincidence to find that close relationship with the type of injuries. Thus, there will be cases which clearly look like child abuse, but they are not. A complete investigation is needed to determine, as much as possible, what the cause of the injuries or other abuse or neglect is.

Participant: I can appreciate your position in defending their rights. But it seems frustrating to go to such extremes to try and piece together a story which is so straightforward in terms of the kind of injuries and how they fit. You are almost stretching the imagination so that you will not find child abuse.

Javore: That is exactly right, and that is what scared us. But that child has been back in his home, and he has not had any further injuries. From a defense point of view as well as from the state's, you need to look at protecting this child – because if you put a child back into a home where he is going to be abused again, the next time around the client is not going to get a second chance. If the child is placed back in the home and the problems, the frustrations, that led up to that abuse have not been cured, the child is going to be abused again. The second time around, the child and the caseworker may not be that lucky, and the result will be a strong case of termination. Whenever (and it has taken a long time to convince the TDHR that we really meant it) there is any reason to believe there is any abuse of a child, we will not agree to put the child back in the home, even if the TDHR wants to. In this instance, we wanted the child palced with a family member, which is what the regulations provide, but we did not want this child back home until we knew that this family had had an opportunity to work out the problems that led up to the abuse.

Participant: Were there any bruises, multiple signs of injury, or anything to indicate non-accidental injury?

Sanchez: No. We were fortunate enough that we had a family who had a regular pediatrician, which is something very rare for us. Usually, our clients go to the county hospital and use a different doctor every time. The doctor in this case had had an opportunity to see this child during its early development, so we were able to rely on his observations and the family history. We were sure that we were not putting the child back into an abusive situation.

Once investigation is done and the other side has been prepared, we begin a policy of setting a pre-trial conference before any hearing on temporary orders. The purpose of that conference is to see if we can find some common grounds for protecting the family without creating a schism between the caseworker and the family. For example, as much in this type of case as in divorce cases, if you have any possibility of reconciliation, of placing this child back in the home and having this caseworker continue to work with this family on an on-going basis, try to avoid court at all costs because it is going to be almost impossible for the parents to maintain a good relationship when the caseworker is in court testifying as to all bad things that the mother did, so that he/she can remove the child. The caseworker has to testify as to the worst things about the mother, which further alienates the parent from the caseworker, to the point of feeling betrayed.

As an attorney representing these mothers, it was incumbent upon me to explain to them, after reading through the caseworker's notes, what the caseworker was going to say in court. Since I wanted the parents and caseworker to work together in the future, I believed it was necessary to explain to the parents that the caseworker had perceived that the child was in danger and thus, had no alternative but to testify against her. That was her obligation under the law.

It is very difficult, sometimes almost impossible, to reconcile a parent to the fact that someone who supposedly has been trying to help her, can turn around and stab her in the back, with the idea that this is the person who is to continue working with her on an on-going basis. At times, we have had to request a new caseworker in temporary order hearings, not because of lack of communication, but because so many bad feelings were engendered at that hearing, that the people could just never work together again. If things cannot be worked out between the parties, preparation for trial needs to be commenced.

One of the key procedures that caseworkers, attorneys in the private practice, and defense attorneys need to be aware of are motions to exclude confidential testimony. Until last year, that only excluded psychological and psychiatric testimony. Parents would often be placed in counseling sessions without signing any written waiver, and none of this testimony could be used against them at a hearing on temporary orders because they had not received the counseling pursuant to a court order. Therefore, unless they signed a written waiver acknowledging the fact that they had knowledge that everything they said could be used against them in court, whatever they told that counselor was considered confidential and could not be used by the state as evidence in court, even though the state might have access to it because they paid fo[illegible]

This testimonial privilege has now been expa[illegible]o the physician/client relationship by a relatively new act, whose impact is uncertain because of a provisio[illegible] allows discovery during trial. Therefore, the state could possibly discover items such as psychological counseling testimony and have them introduced at trial.

workers. When the lawyers saw the caseworker reporting their conclusions, such as, "The client has not progressed," "The goals have not been met," or "The mother is still propping up the baby's bottle with a towel and that is not acceptable," as reasons for which the State was removing children, they saw that it was patently wrong, from the legal point of view, to allow that kind of practice to continue.

In order to put an end to these nebulous practices, we started to do our own investigations and to slowly educate the caseworkers and the lawyers, not only those that represented the parents, but also the lawyers who represented the State and the children, that standards for the removal of children should be directly related to the Family Code and to the need to protect children. Because it was very difficult to teach someone in a span of an hour, in the hallway of the courthouse, all about Mexican American families, what their strengths are, what their child rearing practices are, what services are available to enhance their parenting skills, and how to use all that information to make the job easier for the caseworker, these attempts at sensitizing these professionals many times ended in arguments.

One of the methods we used to improve the quality of life for children and for parents was very simply, battling with the Department of Human Resources. We went in there armed with our investigation of the surroundings in the neighborhood where the family lived and our comparisons of the caseworker reports to our own observations and notes. In many instances, caseworkers say that a child's diet is "inadequate" because the parent does not provide meat seven times a week. However, the parent may not have the money to buy meat that often, but it does not mean that the parent is neglectful, or abusive if the parent spanked the child with a switch and did not break the skin or cripple the child. Perhaps the parent made the child kneel down in a corner. A person's child should not be taken away from parents only because they used parenting or disciplinary patterns that their parents used.

This is what we started to do at Bexar County Legal Aid about seven years ago, and since 1975, we have handled over 500 child abuse and child neglect cases, of which only 20 have been termination cases. We had never had a re-injury and have made possible the return of more than 400 children. This is an impressive record for the lawyers, and for the Department of Human Resources because it exemplifies the fact that they can learn; that someone without cultural training and without an understanding about Mexican American strengths and weaknesses can become sensitized so that the client can be understood culturally, socially, and emotionally, and that the caseworker can be effective.

When a family comes into the system, and the Department of Human Resources had decided that a petition needs to be filed, either asking for temporary custody or termination of parental rights, the parent is served and given notice that they have to be in court. When we get involved, we do our preliminary investigation; we talk to the parents, neighbors, teachers, and doctors. We look for any other possible explanation that the Department of Human Resources, perhaps in its hurry to protect and remove the child, may have overlooked because their unproductive, long-term involvement with the family has thwarted their effectiveness and reached a frustration level. From the Department of Human Resources' viewpoint, everything has been tried and they cannot do anything but remove the child. This is not an effective or objective viewpoint, but is unfortunately the experience of many caseworkers.

At the temporary hearing, the court decides who will have custody, care, and control of the child for the short period of time preceding the final hearing. Temporary order hearings are very important because that is where all the equity that the parent has is put forth. Equity means all the good, all the bad, and what you perceive to be the problem. If the problem is that the caseworker cannot communicate with your client because the caseworker does not speak Spanish and your client speaks only Spanish, this should be brought out at this hearing. The particular system may have 10,000 clients and 40 caseworkers, but that family has to be provided a caseworker who can communicate in the language of the client so that the family can be put back together.

At the temporary order hearing, the boundaries of the social worker, the client, and the lawyers become clarified.

In terms of clarifying boundaries, when the caseworker files a petition for termination, they cease to be that "friendly visitor," the person who says, "I am here to help you; tell me everything about your case. I know you have got problems, and I am here to help you." Once the decision to remove the child has been made, that relationship between the client and the caseworker ceases to exist or becomes seriously impaired. The lawyers can either broaden that gap or close it. Moreover, at that point, the caseworker ceases or should cease to be an investigator and return to being the secure helper, the finder of resources, the emotional supporter, and the person who will do whatever is possible to make sure the home and the parents are providing a safe environment for that child.

A social worker who works in an advocacy position for parents who have been accused of abusing or neglecting their children, has to put himself between the State caseworker and the client to open up that channel of communication that was closed when they filed that petition to terminate parental rights. Relative to this, counsel should identify for the caseworker what he thinks the problem is, find out what the resources are, how the problem is to be remedied; and then set down the responsibilities for their resolution, in the temporary order.

Once an identification of the problem has been made, help through resources, such as AVANCE or Mental Health Professionals sought. Nine times out of ten, The Texas Department of Human Resources does not make the identification. They merely visit the parent, inform them of the existence of a report, and offer their assistance but, an identificaion of what the exact problem is never takes place. Rarely is there a caseworker who will say, "Mrs. Gonzalez, your house really stinks, and you really have to clen up your house, because if you do not, I am going to take your child out." More commonly, they will say, "You need help; we're going to send you a homemaker, and she is going to help you," and there is never any supervision of the homemaker. The homemaker goes to clean the kitchen every week, and that is it. Mrs. Gonzalez never understands that there is that expectation that the hygiene in her house will improve.

In the case of physical abuse, the TDHR caseworker may say, "Your son went to school, and he had these huge bruises on his legs. He may have made you mad, you may have been angry with him, or you may have had a bad day, but you cannot beat your children." The basis for the State agency's action is in vague terms, such as that the discipline was "harmful" and "has to change." Most of the TDHR parents under TDHR supervisor are just uninformed as to how their situation is supposed to change.

In sum, the temporary order binds the caseworker, under the protection of the law to identify the problems and to find those resources which will resolve the problems. If the client needs transportation, they will provide transportation or other such services, or be held in contempt of court. By the same token, the client has to understand what is going to change – if it means the house is going to be clean, the house has to be cleaned! If it means that the next time Johnny shows up with a bruise because the parent has beaten him, that parent is not going to have Johnny living with him. If a parent has been identified as depressed for some reason which has created a great deal of stress, the caseworker must get help for the parent from a mental health professional who will safeguard their confidence and enable them to talk about those problems that led them to abuse their child. Thus, the client becomes informed as to the changes to be made, how the changes are to be made, and the framework during which these changes must occur.

We no longer enter into agreements which are open-ended, where the TDHR has conservatorship of the child until the parent gets better. We found that cases which do not have time limits usually do not get addressed. The child may be in foster care being damaged because it does not have a periodic visitation and contact with its mother or father. All too often, these children get lost in foster care. To prevent this from happening, we set time limits of three, four, and six months; rarely, do we go over six months, because it is too easy for cases to get pushed back and or children to get lost during the time that the treatment plan is being implemented and the goals are being met. The parents need a chance to lay back and plan and carry out their efforts to get their child back, such as seeing the psychologist or psychiatrist or enrolling in a parenting program. We communicate to the client what they need to do to get their children back, identify the problems and the resources for them, give them help, but have the client do the work.

Participant: If there should be a social worker there who doesn't speak Spanish, and the family speaks only Spanish, are there any resources such as translators? Are clients allowed their own translators, or does it have to be the caseworker who translates?

Sanchez: In court you mean? Or just any place? Generally, the people that come to Legal Aid are going to get a caseworker from the State or from Legal Aid. I speak Spanish, but we have had clients that come to us who have had a caseworker who spoke absolutely no Spanish and the client spoke absolutely no English. In those cases, it did not come as a big surprise that after four months, TDHR was filing for termination – what our attorney did in that case was to file a motion with the court to force the State to change the caseworker and get that woman a Spanish-speaking caseworker.

Participant: So there is no resource for translators?

Sanchez: No, none that I know. You would either have to find somebody in the family, or you would have to file a motion to force TDHR to change the caseworker.

Participant: You mentioned a person could get a homemaker who would come in and clean the home. Would that mother ever clean her own home herself, being that she already had been helped before?

Sanchez: This is what we mean by identifying problems: the caseworker finds that a woman's house is filthy and decides that what the parent really needs is a homemaker, but there is never any identification made to the client that her problem is that she is temporarily overwhelmed. This is never communicated to the client. You cannot hope to help someone if you do not tell them what it is that ought to be changed. If the caseworker does not listen to the parent when they say, "I can't change that," or "I don't think it should be changed," there is no communication. The client has no opportunity to say, "What do you mean my house is filthy?" Your client will get mad at you, may take offense, but your client may also understand that it is a problem. Perhaps before this incident, she had not looked around and seen it as a big mess as the caseworker did. If the parents are not told what is wrong and why the TDHR is there, very little communication will be accomplished for purposes of reaching a compromise, and thus, the client will not change. The client should do the work and it should be made clear to her that the homemaker is only there temporarily to teach her how to do it.

Participant: I feel that maybe you're underestimating some of the caseworkers' role in providing services.

Sanchez: I do not agree.

Participant: I think there are caseworkers who are very assertive and realistic with their clients.

Sanchez: There are many caseworkers who are assertive, very honest, very direct, and who are really good at providing social services, but by and large those are not the caseworkers who go to court. The good ones are out there providing the services and rarely need to resort to court action. In Bexar County, we have seen that the caseworkers who go to court most often are the ones who cannot identify problems or resources for the client, and consequently, do not put the client in touch with those resources.

Participant: Are you speaking from the reference of your experience with Bexar County or in general terms about Mexicanos, (Mexicans) in Texas?

Sanchez: Generally, I am speaking from the perspective of Legal Aid, and base my assertions on the fact that the majority of Mexican Americans in Texas are poverty level; the majority of the people that Legal Aid in Texas services are Mexican Americans; and the majority of the families that come into contact with the Texas Department of Human Resources Child Abuse and Neglect Units are Mexican Americans. As far as caseworkers and the provision of caseworker services are concerned, the cultural understanding that most caseworkers have of the Mexican American is very limited.

For example, among Mexican American families, one resource that is generally overlooked by the Texas Department of Human Resources is the extended family. Mexican American children are not always reared by their natural parents. Quite often, they are reared by an aunt or uncle, or by a grandmother. We have had to point out to TDHR that it is better many times for the child to be with their own family or relative, than to be in foster care.

Participant: You are talking about the urban areas – not the rural areas such as the Valley of Texas? In the Valley, we do not have the problem of the caseworker not being able to speak Spanish.

Sanchez: One of the major differences between being a caseworker in an urban area like San Antonio, Texas, versus being a caseworker in the rural areas, such as in the Valley of Texas, is that in the latter, you are somewhat limited in resources. In a rural area, there may not be a Mental Health and Mental Retardation Center Counseling or a Community Guidance or Counseling center to provide services to the people. Down in the Valley, caseworkers have to pull more out of themselves and more from the family.

Gary Javore:

In this part of the workshop, we will discuss exactly what happens in a termination suit, or in a Suit Affecting the Parent/Child Relationship. In terms of the law, the basic consideration that the courts are supposed to be looking at is the "best interest of the child." This language is repeated time and time again in the Texas Family Code: In Chapter 11, which is basically the Suit Affecting the Parent-Child Relationship in the Texas Family Code, the standard set forth is the "best interest of the child." Also, under Chapter 15, which enumerates the different grounds for termination, the last ground requires a showing that termination is in the "best interest of the child," before the parental rights are severed.

The leading case on the issue of the kind of considerations that go into the determination of what is in the "best interest" is Holly v. Adams, which defines what "best interest" is and where the courts have had the biggest problem.

Basically, three different sets of statutes govern the termination of parental rights in Texas: Chapter 11 of the Texas Family Code is the Suit Affecting the Parent-Child Relationship; Chapter 15 is the termination statute; and Chapter 17 covers emergency orders. There are other chapters of the Family Code that become involved – Chapter 34 involves the state's right to investigate, and Chapter 18 concerns the extension of temporary orders. But in terms of initiating a suit, the basic chapters are Chapter 11, Chapter 15, and Chapter 17.

Chapter 17 is applicable only when you have a situation where the parent has really placed a child in a terrible situation, and there is immediate danger to the child's physical or emotional well-being. If the petition is filed under Chapter 17, it has the same effect as a restraining order: Child Protective Services takes actual custody of that child and places the child with the State, which then becomes a temporary managing conservator. Sometimes, they will even obtain injunctive relief, keeping the parents away from the child until there is hearing. The hearing must be held within 10 days.

The first hearing on the temporary orders will typically involve a caseworker who has been working with a family for six or seven months. They have tried to accomplish some of these goals, but perhaps they have not given the client directions; perhaps, the client was just incapable of following that direction. Oftentimes, in the process, the caseworker will have accumulated all kinds of evidence for its hearing. The defense attorney, on the other hand, will usually get notice of this first hearing, about three or four days before going to court.

In Texas, the caseworkers for the State have an affirmative duty, stated in the Texas Department of Human Resources Handbook, to assist families in obtaining legal representation in the event that the Department decides to go after the parents in court. Frequently, however, parents will avoid legal representation because they do not want to get involved in the legal system. The thrust of this reluctance is the disbelief that the police or sheriff's department would actually come into their home with a caseworker and just take the kids away. The State has this authority by virtue of an old doctrine called parens patriae, which means that the State is the supreme parent of all families. Whether they are good, bad or indifferent parents, the State has the authority to intervene. It is really important to inform the clients about this fact at the outset, regardless of whether one works with the parents or the State. Moreover, if there is possibility that they may lose their kids, it is necessary that you help document the good things that they do as well as the bad, whether you work for the State or with a private agency.

The important issue is maintaining the family's integrity, which has been elevated to a Constitutional right. A number of recent court decisions hold that the family unit is protected by the Constitution of the United States. Thus, it is very important that we try to maintain that unit at all costs; but certainly not at the cost of risking the child's life or endangering the child in any way.

Nevertheless, if the family is broken apart, the State must make an effort to put it together again. If the State is not willing to make that effort to put the family back together again, it is of vital importance that defense attorneys have the tools and the ammunition to do so themselves. Those professionals in the child abuse and neglect field who work in private agencies must be prepared to work with the attorneys on both sides, because it will be incumbent upon some attorney who has had only three days' notice, to attempt to put the family together again. On account of this, defense attorneys ask for "continuances," which mean: "We are not ready to go to trial yet; we would like a little bit more time to prepare."

When I was in practice defending parents, I would ask for no more than two weeks to twenty days, because the longer the child was away from the parents, the more difficult it was to reunite them, which is one of the main reasons for our agency policy of requesting short temporary orders if it is not a severe case of abuse that requires long term counseling.

There are other alternative remedies available to attorneys which they should be aware of. There may be certain situations where only one of the parents, but not both, is abusing the child; perhaps it is the father who is abusing the child. The reason the State removes the child from that family unit, even though the mother has not done anything, is that she has not provided the child with adequate protection to keep the child from being injured. What the mother needs, in that particular instance, is to make the decision as to whether she really wants to keep the child, or wants to stay with her husband. This is a very difficult decision to make.

Furthermore, while many persons advocate filing for divorce immediately, to protect the women's rights and at least, the integrity of the mother and child-family unit, my advice is to file a Chapter 71, or Title for a Protective Order. Chapter 71 is a private cause of action which the remaining non-abusive parents, or any other person, can file on behalf of the child.

The law providing authority for protective orders was passed just a year ago, and the basic idea behind it is to keep the abusive parent from the child for a period of time. The period of time can be as short as a week or a couple of days, or it can be as long as a year, but cannot extend for a period longer than a year. It costs only $16.00 to file in the court, whereas the cost of filing a divorce would be in the neighborhood of $68.00, or $124.00 with all the restraining orders and other costs. Thus, they are affordable, and if the client has no money, he can file a pauper's oath stating his inability to pay the court filing costs.

Many of the people who have abused their kids are remorseful, and are willing to undergo counseling. Therefore, any action which threatens to break up that family unit should be avoided because, especially, among the poor and lower income groups, the head of the household, the father in the family, is usually the breadwinner, and the mother has to stay home with the kids. If mother loses his support, she will then be forced to raise the family alone on $86.00 to $116.00 a month per child. That is virtually impossible. Protective order cases under Chapter 71 are brought on the basis of physical violence or strong emotional violence inflicted upon the child, such as when parent or caretaker is constantly berating the child, and the child is beginning to show symptoms of different kinds of conditions; for example, failure to thrive, and some of the other problems that kids exhibit when they have no sense of self-esteem. In these particular cases, an ex parte protective order can be obtained without notice of the hearing being given to the parents. If the initial protective order is violated, the penalty is a fine of up to $500 and imprisonment up to six months. In some ways, it is a stronger remedy than a divorce.

A positive feature of the protective order is that it does not carry the stigma of severing the bonds of matrimony; the family is not being broken apart altogether.

Many times, all the family needs is a cooling-off period, even in a divorce case. In our program at Bexar County Legal Aid, we have handled some 200 divorce cases a month. Perhaps 75% of those under restraining orders reconcile because all the spouses needed was some time apart, or some time for the parent to cool down and sober up. When the abuse can be identified, as in these cases, do not wait until the court hearing to start rehabilitating the family. For example, if the father is a chronic alcoholic, get him into a program right away, If you have to use an alternative method of force, use the protective order or some of the other tools that are available to put the pressure on the parent to go to counseling, if they want to stay with the family.

The restraining order is not any different from the protective order. It is an order from the court enjoining someone from coming near you prior to a hearing. A temporary injunction is also an order enjoining someone from coming near you, but it continues in effect after the hearing and lasts until further orders from the court. If the abusive parent violates a restraining order, he can be escorted away from the house, but before the parent can be put in jail, there must be another hearing held. At that hearing, it must be established that the restraining order was in effect, that the parent had personal knowledge of the restraining order or the temporary injunction, that he was served with it, and that he violated it.

The latter problem holds for the protective order as well. However, the difference with a protective order is that is must be registered and on file with the sheriff's department or with the police department. Thus, if the mother calls the sheriff's department or police and says, "My husband is here, and he is under a protective order. Please come over immediately," and he is on their checklist of protective orders, the sheriff can go over there and put him in jail, pending the hearing.

If the client has filed for divorce with a restraining order in effect, or obtained a protective order, irrespective of whether it is a temporary order or temporary injunction, have the non-abusing parent get a certified copy of the order. Numerous times, I have had clients call me saying, "My husband came over and beat me up. The police came, and I showed them the paper. The paper was just a copy of the orders, and the police said, 'I don't know if that looks legitimate. You could have had that done down the street; you could have had your friend do that.'" Why would a woman have a copy of a typewritten document that bears the copy of the judge's signature? Unfortunately, it happens that way.

A certified copy is a copy of the order from the court's clerk which says, "I certify that this order is in fact the order of the judge which has been filed in this court." It is extremely important for the protection of the client that the client have this in his possession.

A restraining order, however, may not always be in order. You might have a situation where neither one of the parents injured the child. The attorney also needs to do a full investigation of that case to find out how it happened and develop full discovery, which means not only looking at the caseworker's notes and what the caseworker is doing, but also doing an independent study, to obtain an explanation in the case after the investigation has been completed. For instance, if the parents are maintaining it was an accident, the attorney needs to get to the site of the accident. Furthermore, he needs to fully develp his case through photographs and demonstrations.

It verges on malpractice for an attorney to walk into court without knowing, firsthand, what happened in a particular case. At Bexar County Legal Aid, we insist that an attorney be present for the interview so that he has firsthand knowledge of what the client's story is. In fact, we usually interview clients separately. If the parents come in together, we call the mother back first and get her version. We then call the father back and get his version so that we can see whether there are any inconsistencies. Usually, we find that one or two of the stories have been fabricated.

There are situations where a child has suffered terrible injuries, and no one can explain. In one particular case, which exemplifies this typical situation, the child had an incomplete fracture of the radius, which is the inside of the arm, a complete fracture of the ulna, and shaker fractures of the elbow, the arms, the head, and the legs. After a laborious interview with the parents, we discovered that, as children, they had been victims of physical abuse.

Apparently, the parents had left the child alone playing in a swinging chair, and the child had gotten the injuries accidentally. After a careful and scrutinous investigation and study of the injuries, we found an amazing relationship between the type of injury the child received and the mechanical dimensions of the chair. When we spoke to several doctors about the case, they reached the same conclusion which we had, which was that the injuries had been caused by the chair.

However, relative to this, the new medical privilege might protect some of the things that parents might have told their family physicians about their child's big bruises or whip marks. That information may be confidential. It is also a new act, with some unusual language in it, in terms of the scope of privilege. It will certainly be tested in the courts.

The new medical privilege statute, passed by 67th Texas Legislative Session, and entitled the Medical Malpractice Act, Chapter 1, appears in Vernon's Civil Statutes, page one to 35, and Section 3404 of the Texas Family Code and states that there is no other privilege, other than the privilege of attorney-client. Basically, that was directed at the husband and wife privilege, under which you could force the wife to testify against the husband. However, there are a number of cases which have been argued in district court, where it has been alleged that since Section 3404, which says that there is no privilege, was passed before Tex. Rev. Civ. Stat. Ann. Art. 5561-h, which is the psychological privilege, it is not an exception to them, and that since the privilege against psychological testimony or against medical testimony is more specific, it thus should prevail over Section 3404 of the Texas Family Code. In other words, there are privileges in addition to the ones cited in Section 3404, which is the attorney/client privilege.

With respect to the psychological testimony and psychiatric testimony, a dilemma emerges when you get to the temporary orders and the state requires either psychological testing, psychiatric evaluation, or some form of counseling, because if the court orders psychological or psychiatric testimony, and the client is made aware of the fact that it can be used against them, irrespective of their consent to it, it can be used against them in court.

Do you allow them to go into the testing, knowing that it can be damaging to their case, even though they stand to benefit from the counseling? Certainly, some of the disclosure provisions can be waived by entering into an agreement with the State stipulating that counseling is important, and therefore, defense counsel will be responsible for sending the parents to counseling, but that nothing said in these sessions is to be used against them at any final hearing. Transclude it judicially by making it part of your order or just tell the parent, "Yes, you have to go to this counselor, but you do not have to say anything, because if you do not say anything, there is nothing they can use against you other than the fact that you have failed to cooperate."

If the State is faced with these two alternatives, my advice to the State is: if this family needs the counseling, then agree not to use that testimony at trial. The goal is to get this family into on-going counseling if they have certain problems that need to be remedied. The other alternative is to have court-ordered psychological exam -- that testimony could be used against the parent. But, if faced with the alternatives of the parent receiving counseling or not, my suggestion is to go with the counseling when threatened with an order, regardless of which side.

The State used to draft two-page orders that said, "We are going to have custody for about six months, and if Mom doesn't make certain improvements, we are going to take the kids away." We slowly changed this so that the length of time on these orders could be restricted to 90 or 180 days, definite time limits in which the parent could accomplish specific, obtainable goals in their improvement plan, at the risk of facing extension of State custody or termination.

Many times, people want the parents to get a $15,000 a year job and have the kid in the best day care facility in the country. If the parent is making $86.00 a month with one baby at home, he/she cannot be expected to get her G.E.D., her college education, and a good paying job all in three or six months, especially if they lack the educational background. The caseworker for the parent should set obtainable goals that the parent can reach and fix definite time limits by which the parent can accomplish those goals. Likewise, counsel, as representative of parents should look at imposing those case management obligations on the caseworkers.

Amazingly, a great number of caseworkers insist that parents enroll in programs, but do not want to be pinned down to providing, or making an effort at providing, transportation for them, even when the parent is particularly needy because of many kids to care for with little or no income. They reluctantly agree to parental visitations every weekend, but do not want to be around to supervise. This has changed recently, and the Department of Human Resources now tries to insure that the families have adequate visitations. Caseworkers must be prepared if they are going to go to court to terminate parental rights, to take on these additional responsibilities. Counsel must also be prepared to impose those obligations to meet the parent's need to attend programs such as AVANCE. Transportation and day care must be provided for the kids during the time the parent is at the rehabilitation programs, trying to become a better parent.

Lastly, Chapter 18 concerns the Review of Children in Placement, children who have been removed by the State, some of who remain in custody of TDHR indefinitely. Between five and a half to seven months during which the child has been in custody of the Department, the court must review the placement. The court has a number of opportunities to do different things: The court, at that time, can decide to keep the child in foster care; they can decide to put the child back with the parents; or they can decide to terminate the parental rights on that extension order.

Some attorneys try to force the parent into accepting terrible orders by merely informing them of the possible threat of a termination hearing which the court could make on this extension. Be prepared for the possibility of this threat at the end of those extension orders because the courts are going to make a determination if the child has been in foster care that long.

Participant: Does the Sheriff have to be accompanied by a social worker whenever he goes into a home to pick up the child or children?

Sanchez: A social worker has to, as part of their petition, get a court order that mandates the sheriff or the police to go and pick up the child. The caseworker can either go inside with him or wait outside, as the obligation to pick up the children is that of the officer of the court, the Sheriff.

What we hoped to bring out of this conference is the need to communicate with your clients and the need to clarify your goals as counsel or social worker and those goals which you reasonably expect your clients to achieve. In order to serve your clients most effectively use every skill that you have and everything that you have been taught and learned, to achieve those goals and make life better, not just for the child, because the child is not an entity by itself, but for the family, even if it means separating the child from the parent on a permanent basis. Hopefully, you will be able to do this skillfully so that there are no unnecessary scars left on anyone.

METHODS, SKILLS, AND TECHNIQUES OF ASSESSMENT AND TREATMENT OF CHILD SEXUAL ABUSE

Alexander. G. Zaphiris, M.S.W., J.D., Ed.D.
Professor and Director of Field Practicum
Graduate School of Social Work
University of Houston
Houston, Texas

This institute describes and explores methods, skills, and techniques essential for the assessment of cases of child sexual abuse, and presents treatment/methods which are effective in treating child sexual abuse.

Issues surrounding sexual behaviors of adults directed toward children are as follows: these behaviors are not reported, especially by the medical profession – professionals lack the appropriate skills for conducting a differential diagnostic assessment. These skills will enable the professionals to make the distinction between incest, sexual abuse, sexual exploitation of children, and sibling sexual relations. Professionals, casefinders and/or those who come in contact with children involved in these behaviors lack sexual desensitization, which affects both the diagnostic assessment as well as the treatment processes. I am not discussing sexual desensitization in the form of pornography. Certain pornographic materials used by some "sex therapists" of questionable repute, add to both problems and sexual inhibitions. An additional problem/issue, owing to the inability of some professionals to make the diagnostic distinction, is the irrelevancy of the modalities used in the treatment process.

Another problem relates to incestuous behaviors. Legal compulsion and the illusion of deterrence through incarceration of parents are counterproductive to the treatment of incest. Law enforcement and legal systems in cases of incest further encourage the secrecy typical of incestuous relationships. Many adult women, referred to me for treatment, have been unable to cope with their marriage, unable to trust their husbands who constantly reactivate in them the incestuous experiences with their fathers, despite the fact that their fathers were brought to the attention of the courts and the physical contact had stopped. However, the emotional incestuous contact continued, causing great emotional damage, in the sense that it surfaced when they reached middle age.

The last problem is the lack of precision in the diagnostic and the treatment processes. Precision means what skills we apply first, second, third, and so forth. We have simply become "copy cats." Some professionals in the field of child welfare have not learned how to implement assessment and/or treatment precisely. Thus, they are losing credibility because they are treating the reported situations on a "hit and run" basis.

Incest

In treating incest outside of the legal system, there are three precise steps in the diagnostic assessment process. At the time a case is reported, the first step is to make the distinction between incest, sexual abuse, and sexual exploitation on the basis of the following elements.

The elements of an incestuous relationship consist of: the incestuous person is known to the child through a blood relationship, usually that of father-daughter. Most reported incestuous situations involve a male adult perpetrator and a female victim. The latter, however, does not imply that mother-son incest does not exist. Simply, it is not reported, and as such, I am not well informed to be able to share with you my practice experience. My observations derive from practice rather than from speculations and theories. Furthermore, incest may involve father-son, mother-daughter incest, i.e., incest can be homosexual, heterosexual or bisexual. However, in practice, most reported cases commonly involve fathers and daughters.

In addition, the perpetrator in the incestuous relationship may be related to the child by legal means. Regardless of the state, legally, the incestuous relationship is wrongly confined to consanguinity. In the late sixties, I was raising such questions as: "What about a step-father – step-daughter situation?" Is that not incest? All the dynamics and characteristics were incestuous, and yet, the law made no provisions for it. And, if you do not treat incestuous relationships between step-father and step-daughter, adoptive father and adopted daughter, foster father and foster daughter, as such, you have not treated the situation at all.

The perpetrator may also be related and known to the child through social means such as being the mother's boyfriend, e.g., a permanent living-in-boyfriend gets together with the daughter from the mother's previous marriage. All the dynamics, qualities, and characteristics are of incest, and if it is not treated as an incestuous relationship, the situation is perpetuated. The law which defines incestuous relationships, from a legal standpoint, has not kept up with the behaviors that exist in our society. In this human problem, laws are at least fifty years behind.

However, in order for the legally and the socially connected person, incestuous with the child, to be incestuous, such a person must meet the three following criteria: First, she/he must participate in the decisions of the family. Second, that same person must participate in the division of labor of the family, and thirdly, the perpetrator has definite authority in the family. He is dictatorial and very controlling and very rigid.

The second element found in incest is that the incestuous person conditions the child from infancy to accept his sexual behavior. When the child is very young -- an infant, and up until the child is age five or six years, the perpetrator, through fondling, caressing, and touching genitals, conditions the child. Once he has relaxed her physically and emotionally, he begins to penetrate her sexually. Mothers have told me that when they gave a bath to their babies, the babies were content. In retrospect, they recalled that when their husbands bathed the babies, the babies came out of the bath crying with their little breasts and vaginas terribly red. With the first child, at the beginning of the conditioning, the incestuous person may not be aware of what he is doing. Also, the child perceives the perpetrator's activity as part and parcel of love and affection.

The average age of the victims when the situations are reported to the authorities ranges from nine through twelve years of age (very seldom is incest reported earlier), since that is the age when the girl discovers from her friends that what her father is doing to her is not what other fathers are doing to their daughters, and then, victims will ask their older sisters to report. The reports will often state, "I know my father is doing that to my younger sister because he did that to me, too." Or the victim herself may report it to the school counselor. It takes some time for such a report; after all, he is their father, whom they love. Such a father, in the child's perception, has given her a lot of love and affection, independent of the problem and the manifestations that this relationship may cause later in her life. Another source of reporting are the victims friends in whom she has confided. From that point on, counselors or other sources report incestuous situations to child protective services. As we bring awareness and education of the problem to our communities, incest will accordingly be reported at a child's earlier age. Reporting of the problem at an early age establishes a better prognosis for its treatment.

The initial statements of victims vary according to their age. For example, a child who is any age from nine through twelve years will state, "My father has sex with me; I hate sex, and I hate my father." Her statement is usually borrowed from friends and seldom represents her true and genuine feelings. Peers have rebuked her with questions such as, "Oh, how can your father do that to you?" A victim between thirteen through fifteen years of age at the time of the report, may state, "I have sex with my father. I enjoy sex, and I love my father." For this reason, delays of reports affect the effectiveness of the treatment, since the victim accomodates herself in the incestuous relationship and convinces herself that the relationship is of "lasting love." If the victim is between the ages of sixteen through eighteen or beyond that age (when the authority to intervene is limited), expect the following statements, "We have sex; we enjoy sex; and I'm in love with John," with John being her father. She does not refer to him as a "father" anymore -- he has become a spouse to her. The mother has been replaced completely in the situation. (Incest of the third vignette category is very difficult to treat.)

There are communities in every state where incest is practiced extensively, and is unreported from generation to generation as long as the children remain in the same communities. However, they become very upset when they leave those communities and other problems begin manifesting themselves.

Returning to the element of the conditioning continuum in incest: the husband also conditions his wife from the beginning of the marriage. Women married to incestuous individuals recall that at the beginning of their marriage, they would walk together and if a female would pass by, he would say to her: "Did you notice how she looked at me, from top to bottom? If I want to put her in bed, I can do it just like this, fast.", i.e., the perpetrator exploits the natural jealousy of any interpersonal relationship, marriage included, with the wife reaching the point where she is willing to allow him to use even their own children as long as he does not go out with other women. This is the method used to condition his wife. The actual completion of this conditioning may take as long as two to three years.

Why do some women permit these situations to occur? I do not have the answer. Some individuals are strong and will not accept or allow this once they notice the intent early on.

Our society began dealing with the victim of incest the way that it dealt with the victim of rape. It has been, and still is, blaming the victim. The victim of rape had to testify and reveal her background–a violation of the right to privacy of an individual. Most representatives of the legal system and law enforcement agencies are handling the victim of incest as they have handled the victim of rape. In particular, they claim that the child-daughter has seduced her adult-father. All children, male and female, have charming behaviors but they are not sexually seductive. To blame a child for seduction is the illogical position, which I began hearing in the early seventies. If some in our society, and other societies, were not justified in blaming the child-victim, they resorted to blaming another female, the mother. Individuals in our society who cannot prevent or handle incest appropriately, tend to blame the mother. In fact, at the beginning of the conditioning, most mothers are unaware of the perpetrator's actions toward their child and themselves. Hence, to blame the mother is to blame another victim. It represents another form of sexism in our society.

The third element of incest is serialization. The incestuous person is not involved in overt sex with more than one child in the family at any one period. By the time the first child becomes older and no longer lives with the family, he has already prepared a second child. The serialization in the expression of the perpetrator's overt sexual behavior, as compared to concurrency of behavior (i.e., more than one child being involved by the father sexually), is also seen in physical abuse, not of the low prognosis type.

The fourth element in incest is due to the perpetrator's conditioning – the entire family supports his incestuous behavior.

Respect and sensitivity for human beings require that we adjust ourselves to the level of their language. Vile language is not a common language of the clients. If vile language is the only language the client understands, then let us use vile language so that motivated and unmotivated individuals and families with problems are helped. If we carry sexual and other biases and inhibitions, let us control them so that we do not adversely affect our clients. I do not suggest or imply sexual practice, in order to become sexually uninhibited. I am appealing to self awareness. If you have a bias, whether it is racial or ethnic, or a sexual inhibition, make sure you get help to control it. If not, your service will not become humanistic.

Haven't professionals rejected black clients, Mexican American clients, women clients, and vice versa because of bias and inhibitions? What kind of professionals are those? Let us become aware of our biases and inhibitions and control them when we connect with the client, in order to avoid losing even those cases with good prognoses for treatment.

In terms of incestuous relationships, when the perpetrator is male, independent of the sex of the victim, delays in treatment as well as in the diagnostic activity may occur if the social worker is male. The male incestuous perpetrator will usually not accept the male worker at the beginning. It only brings about more defenses and more delays. I suggest that if the agency employs male and female social workers, and if the incestuous person is a male, an easier progress to treatment may be achieved if the social worker is female. Later, however, you should introduce a male social worker into the treatment, especially for the benefit of a female victim who needs to learn that not all males are like her father. This, however, should be done later in the treatment and not at the beginning phase of intervention.

At the beginning phase of therapy, social workers, therapists, counselors can create a variety of barriers to an effective treatment outcome. As far as co-therapy is concerned (male and female therapists), in child neglect, abuse, or incest, one observes basic dynamics in parents such as confusion and disorganization. Because of these dynamics such parents must be approached on an authoritative rather than on an authoritarian basis. If the practitioner is confronted with a client system which reflects confusion and fear of authority, one must really give a second thought as to whether or not co-therapists ought to be introduced at the beginning phase of intervention. At this point, it may not be advisable to have co-therapy because it tends to promote an authoritarian perception by the client and to enhance his/her confusion. My experience suggests that it is better to have just one social worker. Furthermore, one social worker should see the father, the mother, and the daughter individually at the initial phase of intervention. If you introduce three social workers, it will tend to create more confusion in the family.

Sexual Abuse

The first element of sexual abuse is not different from that in incest. In most instances of sexual abuse, the perpetrator is also known to the child by means of blood, i.e., father may not be incestuous, but may be sexually abusive, or known to the child by legal or social means. Very seldom does sexual abuse of children involve a perpetrator who is not known to the child. As a matter of fact, we do not know much about the person who sexually abuses the child (and who is not known to the child) since he is very seldom apprehended by the police. However, such as individual does not participate in the division of labor of the family, or the decision-making process, and does not have any authority.

The second element sets up sexual abuse diagnostically. The behavior of the sexual abuser is a symptom of any of the following pathologies: psychosis of the four serious types, which are drug abuse, alcohol abuse, mental retardation of a serious level, and the criminally insane personality. Sexual behavior is a symptom of any, but not all of the above pathologies.

How is psychosis determined? There are two disorders to look for: disorder of thought and disorder of mood. For example, in a case consultation, I noticed that a sexually abusive father suffered from a disorder of thought. When I asked him what he thought of the report, he said, "I didn't do it." Then I asked, "Who did it?" He answered, "The thing that is flying in the living room." Did I need to have a psychiatric consultation to determine his disorder of thought? The psychotic suffers concurrently from a disorder of moods. When this particular father expressed the disorder in his thought, he entered a state of depression, which lasted for at least ten minutes, and right after that, he started dancing, in a state of elation. Thus, the sexually abusive perpetrator's sexual behavior is a symptom of any of the above pathologies. In the sexually abusive person, drug or alcohol abuse represent a psychological dependence on, not only the use of, these substances; in contrast, in the incestuous person, alcohol is only used, not abused. Mental retardation of a serious level can be easily detected. The personality of a criminally insane, sexually abusive person is arrested, warped, or fixed on the elimination of the child(ren).

The third and fourth elements in sexual abuse are due to the pathologies. In sexual abuse the perpetrator suddenly, without any prior conditioning, sexually penetrates the child(ren). Because of the sudden penetration, one should be expected to find genital injuries. Other injuries can also be expected on the neck and mouth, as a result of the child struggling or screaming out of pain or fear--the perpetrator attempts to stop the child, and in the process, inflicts the injuries to the mouth and neck.

Thus, sexual abuse is a symptom of another pathology, one which brings about the sudden sexual penetration which, in turn, brings about the physical injuries.

The fifth element of sexual abuse is concurrency, i.e., three children may be penetrated by the perpetrator in one hour. Sexual abuse is concurrent; it is not serialized, progressive and sequential, as in incest. The members of the family, including the mother, do not support his behavior since they know this to be a new symptom of his pathology. Thus, the members of this family are motivated to report unless he has instilled in them fear of physical repercussions. Often, despite the fact that every member of the family is motivated, sexual abuse is not reported because of the concurrent physical abuse found in these situations. In conclusion, sexual abuse is the problem with one member of the family, in contrast to incest, which involves the entire family.

Sexual Exploitation

Sexual exploitation reflects elements from both of the two previously discussed sexual behaviors, with some additions. In a two-parent family, both parents are involved in overt sex. Whereas in incest only one parent is involved in the conditioning similar to the one found in incest, in sexual exploitation both parents are involved in the conditioning. (This conditioning may be done by either parent independently of the other.) The third element in sexual exploitation is concurrency in the expression of the sexual behavior. Not only do both parents express their sexual behaviors overtly, but they also involve all of their children. If the family has three children, all three will be involved sexually. This concurrency is similar to the one found in sexual abuse, as compared to serialization which is found only in incest. The fourth element relates to the fact that at the time the situation is reported, both parents suffer from one of the following pathologies, which are also found in sexual abuse, i.e., psychosis, alcohol abuse, drug abuse, or a criminally insane personality. One of the pathologies which is not found in sexual exploitation is mental retardation. In practice, I have not seen any cases of sexual exploitation where the parents were mentally retarded.

The fifth element of sexual exploitation is that both parents in a two-parent family, or the parent in a one-parent family, involve their children sexually for two different reasons. The first is to satisfy the parents' own sexual desire; and the second, is to develop pornographic materials for sale (when the children are young). If the situation is not apprehended by law enforcement at that point, when the children become older, the parent(s) will eventually introduce them to prostitution, taking the money themselves.

In conclusion, sexual exploitation is a problem with both parents, or with the one parent in a single-parent family. Sexual exploitation is usually reported by the police after the discovery of pornographic materials which parents developed for sale when the children were young, or via the actual prostitution of the children when the children are older.

Participant: I just had the opportunity to read an article about some Third World country where there is generational incest, where both parents condition the girl. When the girl becomes the mother, she conditions her girls from a very early age.

Zaphiris: It is a possibility. There were some tribes in Africa where incest was not considered a taboo. We also have locations in the United States where incest is not a taboo. Some people have asked why incest has become a taboo in our society. African tribes had noticed that the offspring of incestuous relationships produced physical defects, e.g., albinism and other physical defects. The physical defects of the offspring of the incestuous relationship brought about the taboo notion. In later years, blue-eyed, blond-haired, royal families in Europe who intermarried, noticed physical defects in their offsprings. These formulated the original reason for incest becoming a taboo. This reason, as well as the fact that incest is among the worst acts of oppression, make incest a taboo: an adult is oppressing a child by violating the child's rights. Some individuals are not able to separate and distinguish between love and sex; they are terribly confused. They are not aware of what can happen to the victim later in her life. They are only absorbed by their selfish desires.

Sibling Sexual Relationships

Almost every individual in our society has played doctor and nurse via covert means. This is how we learn the anatomy of the same or the opposite sex. These behaviors are reported at times. We have no right to intervene since these behaviors are part of our growing up. However, the reported situation could reflect elements of the second category of sibling sexual relationship dealing with neglect. Parents are not providing the appropriate supervision and sex education to their children, and as a result of that, sexual acts are occurring among brother and sister, brother and brother, and sister and sister. That particular situation has to be dealt with as neglect; thus, the focus of treatment is on teaching parents parenting skills in providing their children appropriate supervision and sex education.

A third possibility in sibling sexual relationships is incest among siblings. All elements of parent-child incest are also present in sibling incest with one addition; that is, the conditioning is done by one of the parents who is not involved sexually at all with the child.

The fourth possibility is sexual abuse among siblings. The pathologies that I mentioned in parent sexual abuse are found in the brother or the sister who sexually abuses his/her siblings. Usually, the sibling who is the sexual abuser to her brother or sister does not live in the same house. Rather, he comes in, attacks the brother or the sister, and leaves.

The fifth possibility in sibling sexual relationships is sexual exploitation among siblings, whereby brothers introduce sisters to prostitution.

Evolutionary Sexual Behaviors

An incestuous person is vulnerable to developing one of any pathologies, such as psychosis, criminally insane personality, drug abuse or alcohol abuse. In such situations, at the beginning incest is practiced with the first child, and later, the perpetrator suddenly sexually penetrates his other children. In assessing the perpetrator, one notices the pathologies mentioned above.

The apprehension of a fourteen year-old boy by the police outside a gay bar in one particular case, reflected evolutionary sexual behaviors. The Department of Human Resources had told me they could not assess the situation; hence, they asked me to look at the parents and the child. Upon examination, the boy involved was full of venereal diseases. If he did not bring his father three hundred dollars every night, he had to sleep in the garage. In order to make three hundred dollars every night, the boy allowed unscrupulous gays (I am respectful of sexual preferences among consenting adults in private quarters) to penetrate him rectally or orally which he "did not mind just as long as they gave him the fifty dollars." However, some of them would try to penetrate him through the ears or nose or eyes, which are the most sensitive organs in our body, susceptible to gonorrhea. The father started conditioning the boy at an early age and over a period of many years. When the boy reached eleven, the father neglected him completely and started having sexual intercourse with the second child, who was a girl. The father, however, demanded that the boy bring the money to him, and hence, introduced him to prostitution. Upon assessment, the father was found to have developed psychosis. The latter indicated that the case started as incest and became one of sexual abuse, with the development of psychosis.

The treatment focus with the boy in the above situation was helping him to decrease his prostitution. An adolescent cannot be told to stop suddenly but rather should be told to progressively change the behavior. If rigid in our approach, we lose the adolescent client. I was able to help him decrease his prostitution using, as a base, the pain he reported experiencing in his sexual activities. In the contact of the second week I told him it was his problem and if he could tolerate the pain, he ought to continue his sexual activity. This helped the boy during the third and fourth week of our contacts, to develop a selective judgment for his customers whom he called "tricks." During the third month, the boy was helped to move away from the family which was a way for him to realize his independence away from his father. He was placed in an independent placement facility where a few adolescents live by themselves in their own apartment without any adult supervision. To date the boy is doing very well.

The second diagnostic assessment skill for a precise methodology is the following: In a reported case of incest, a practitioner must be able to determine an allegation from an actual incestuous situation. At times, the report and the beginning contact(s) present all the elements of an incestuous relationship. And yet, incest is not occurring. It is only an allegation made by the child. Some of the older children, through retaliation, express their hostility by alleging that the parent is incestuous. Some children, for reasons found in constitutional sensitivities, genetic factors, and/or temperament differences, develop stronger sexual fantasies than other children. These sexual fantasies are so strong that when a casefinder and/or a professional hears the fantasies, the case is classified as incest even though it is only an allegation and the parent in the situation is not incestuous. The professional as well as the casefinder must make the distinction between actual incest and alleged incest which is based on either fantasy or retaliatory hostility. The process described below must be followed step by step. This process enables the practitioner to make the distinction between actual or alleged incest.

The actual incestuous situation reveals unique dynamics and characteristics, not found in the family where an allegation is made. These unique dynamics and characteristics in the actual incestuous situation instigate guilt in the victim-child, either because she reported the incest or stated that the report made by someone else was accurate. Statements by her family that "The father will be taken away; who is going to support us?" make the child of the actual incestuous situation feel guilty. (The family about whom an allegation is made has no need to instigate guilt in the child.) The guilt experienced by the victim of actual incest, prompts her to reverse her original position. She returns to report that she has lied. Whereas, the child who has made an allegation, retains her original position. In the context described above, the actual incestuous situation is dismissed, leaving the allegation for treatment. Projective psychological tests can reveal the presence of sexual fantasies with the younger child or the presence of retaliatory hostility, in the alleged situations. The presence of sexual fantasies for younger children. or the presence of retaliatory hostility, along with the diagnostic conclusion of the worker that she has not reversed her original position, further document the presence of an allegation. The absence of sexual fantasy and of retaliatory hostility, and the change of the child's original position, further substantiate that an actual incestuous situation exists. Cases of alleged incest due to sexual fantasy or the retaliatory hostility of a particular child are not within the function of Child Protective Services but of Child Guidance and Mental Health settings.

Can a step-father be incestuous with his step-daughter despite the fact that he was not present to condition her from infancy, or her mother? The step-child may be eleven years of age when he initiates the overt sexual activity with her. Usually, an assessment of the marriage of the mother with the natural father of the child would reveal that the incest had begun then. The natural father of the step-child had conditioned the mother, and because no one had helped the mother, she married, the second time, the same kind of person. Those mistakes are made in marriage. There are men and women who, if not given the appropriate help, will marry a second or third alcoholic spouse; likewise, in incest.

The third diagnostic skill involves the assessment of the unique dynamics and characteristics found in incestuous families. This offers further accuracy in the diagnostic assessment.

The overall family dynamics and characteristics are as follows: diffusion and confusion in the roles of members of the incestuous family, e.g., the father referring to his daughter as his wife, mother referring to her husband as her father and to her daughter as her mother, and the victim of incest, who may be twelve or thirteen years of age, playing the role of the mother. The entire family perceives the child-victim of incest as the sex object. Members of the family agree that there is nothing wrong with it and favor the idea of one child having to assume the role; the entire family is possessive of the victim-child of incest; all children in the family perceive the incestuous relationship as nurturing, since the victim-child not only gets "love" but also material goods; members in the family suffer from a pervasive fear of the father's retaliation if they were to reveal the incest, a fear instilled through verbal, not thorough physical means; and the absence of a marital relationship, discord, and sexual estrangement of the spouses (and if they sporadically get together for sex, they experience sexual dissatisfaction with each other). Additional dynamics and characteristics in the actual incestuous situation are: pervasive denial by all members of the family that there is a problem within the family. The entire family perceives the incestuous person as a good provider but "stingy with money"; there is external and internal isolation of the family; brothers and sisters of the victim are well behaving children in the outside world; there exists intense sibling rivalry based on the fact that their sister has more money and better clothing (which is used by them to victimize the child-victim by calling her a "slut and prostitute"); and geographic mobility of the family.

The characteristics of mothers in these families are: passive, with an extremely poor self-image, with intense feelings of worthlessness as a mother, as a woman, and as a wife. The mother is both hostile and jealous towards her husband and her daughter; she lacks both sexual information and sexual preparation; encourages her daughter to assume the role of the mother; and she is over-dependent on her husband, emotionally immature and very cold. She resists the treatment more than the incestuous person because she perceives treatment as an admission of her guilt.

Participant: Are all physically abusive persons once abused children themselves?

Zaphiris: The myth of repetition -- that physically abusive parents were once physically abused children does not hold.

In a study of 100 incestuous families, five of those mothers claimed that they were involved with their fathers when they were children. When probed in the interviews, four of them withdrew. Only one remained with her original claim. Statistically speaking, it can go up to five percent, and such incidence is insignificant. Many mothers use the above claim as an excuse for their inability to change their situation. In most instances, you find that they use that as a defense for their present behavior. There is a fifty-fifty percent possibility that children of alcoholics will become alcoholics. There are many myths and rumors related to physical and sexual abuse of children. If there is a possibility, the possibility should be divided in two alternatives: a repetition of the behavior of the parent, or its complete avoidance.

The characteristics of the child-victim are as follows: She is experiencing a tremendous amount of social stigma to the point that even her friends ostracize her if she continues to refer to the experience. Therefore, I suggest, if you treat such a person, advise her not to discuss her situation with too many people to prevent her victimization. She has lost her father, who has not been a father to her; she has lost her mother who has not protected her; and she has lost her brothers and sisters who call her a prostitute.

She is victimized by her peers and by the professionals, as well. For example, a physician who may not be sensitive to her feelings, will remind her of the experience she had with her father. He will administer a pelvic examination without compassion, or forget to close the curtains of the examination room instead of saying, "We are here to help you." The social worker who removes her from her room, home, or school further victimizes the child-victim. Additional characteristics of the child-victim of incest include: hostility in the older victims toward their mothers; confusion as a result of love, guilt and sex; extreme preoccupation with males, to the point of promiscuity, and on an equal basis with other victims, extreme avoidance of males; low self-esteem; perception of her mother as unjust and cruel, and justification of her relationship with her father as a revenge against her mother, or as a means of secure parental love which she is not receiving from her mother.

The next dynamic is the most important one to be used in the treatment, that is the guilt that the victim is experiencing. Thus far, I have identified six sources of her guilt. Resolution of the guilt of the victim yields the most effective treatment outcome.

The first source of her guilt is from reporting that her father was incestuous or from admitting that the report that her sister or another person made was correct. The second source of her guilt is from the disloyalty she experiences, when, in an effort to imitate her friends, she begins to express interest in boys. The third source of her guilt is from "having sex with her father"– something that her friends do not do; thus, she asks herself "is there something wrong with me?" The fourth source of her guilt is the sexual pleasure. Everyone, including her friends, is telling her not to have sex with her father because she is doing something wrong. However, when she had sex with her father, she received pleasure. Since she is doing something wrong and she gets pleasure from it, there must be something wrong with her. The fifth source of her guilt is from feeling revengeful towards her mother. The sixth source of her guilt is from feeling that she has destroyed her mother's marriage. If the victim, because of age, does not connect with the outside world, the victim may not have as many problems, since the outside world is what sets up the base for the creation of guilt feelings.

Participant: Are the victim's feeling of guilt a part of the personality in all of the older persons who have come to you for help, or is that part of the explanation for which they have waited so long -- because all of this is there and it is so overbearing?

Dr. Zaphiris: Both, since both have prevented them from coping in their interpersonal relations including marriage.

Participant: Do these girls ever attempt suicide?

Dr. Zaphiris: Yes.

Participant: Have you seen any incest victims who would not discuss their problem with their friends or outside the family?

Dr. Zaphiris: I see that now with older women who were victims of incest.

Participant: How about with younger women who have started at the age of seven years, and at age eighteen, have never discussed it with friends or outsiders.

Dr. Zaphiris: Usually, peer pressure is so strong that it forces victims to discuss sexual matters in the modern society. In the rural population there is even a stronger exchange of sexual information between pre-adolescents, than in the urban population.

The characteristics of the incestuous father are as follows: He is selfish, egocentric, narcissistic; he uses alcohol and employs the use of alcohol as a rationalization of his incestuous behavior; he is a person with an above average social intelligience, but is an extremely emotionally immature individual; strict with his family's connection; jealous of the child-victim, especially when she begins to express interest in peers; timid and passive with the outside world, but assertive with his own family; and very cautious and overprotective of his family. The most important dynamic is his denial of his incestuous behavior, which is expressed with manipulations and claims.

The engagement for treatment of the incestuous person is possible only with the appropriate handling of the claims, as follows: He claims that if he wanted sex, he could have found a better looking girl than his daughter. By giving him the opportunity to express what he meant by a "better looking one," his description fits the one of his daughter. This ventilation technique is followed by the practitioner's confrontation that the description is that of his daughter. Then he claims fatherly affection. Reassure him that parents have the responsibility to express love and affection towards their children and ask him to clarify how he expresses his love and affection towards his daughter.

He proceeds with the claim that his daughter is "seductive": First, reassure him of her "charming behaviors" and ask him to clarify how he responds to "her charming behaviors." Then he claims his intent to teach her the facts of life. Reassure him that parents have the responsibility to teach their children the facts of life and ask him to clarify how he does it.

His sixth claim refers to his sexual impotence. Reassure him of his selective (i.e., only with his wife) impotence which leads him to the claim and which is related to his intent to prevent his daughter from going out with "undesirable characters." His description of an "undesirable character" is of himself -- followed by the confrontation that his description is of himself. Lastly, he claims memory loss because of the use of alcohol, accompanied by intense feelings of fear, anxiety and helplessness. At this point, the practitioner must offer reassurance of his/her intent to help him, his wife and daughter.

For the exceptional situation in which the incestuous person resists, the use of the deductive logical technique regarding the legal consequences of his behavior ought to be used as well, such as: Would he like you to contact the law enforcement or prosecuting attorney, etc? Three out of five will say they would rather work with you. However, if the practitioner reaches the point where out of one-hundred incestuous persons, one or two do not want to work with the agency, it is possible that these individuals are not incestuous or that their egocentricity is beyond the scope of service of a social agency. Incest is a felony, and one or two percent of the total population may have to be told that the prosecuting attorney is to be involved.

Participant: Sometimes teachers and nurses refer them to the counselors.

Dr. Zaphiris: Yes, and that should be on the basis of suspicion. In order to facilitate the treatment of those individuals, a good social worker must be involved in creative work. A good social worker who investigates these complaints must make every possible effort to influence the prosecuting attorney and law enforcement officers, since it is often very difficult to prosecute an incestuous person, due to the lack of evidence. In a criminal court, the standard of proof is "beyond reasonable doubt." Sometimes the mothers will tell you that they are going to testify against their husbands, and at the last minute they change their mind. Thus, you have the father who denies it, and the child who says he has done it. The one who suffers the most and is victimized again is the child. Usually, the father is found not guilty, the case is dismissed from the court, and from that point on, no one has the right to intervene.

A statement made by experts who have done extensive work in correctional settings and who have devoted all their professional lives to that work, suggests that we must make a judicious use of authority. Compliance and overt changes in response to authority remain external without producing an inner conviction for change.

The Treatment Process

One of the goals of treatment in incest is to recover the sexual relationship of the spouses. Another goal is to break the incestuous bond, which tends to be very strong. The third goal is for the mother and the child-victim to regain a sense of control of their identity, and for the father to learn to assume his respective role responsibilities.

In situations of sexual abuse, techniques and skills of treatment from Crisis Intervention and the supportive and psycho-social treatment for the children and the mother are applicable. For the father I suggest a legal redress. You must involve the prosecuting attorney and law enforcement. Commitment to a mental hospital for, usually, thirty to ninety days is not effective. If the legal system does not help these situations through lengthy commitment or incarceration, then we need to help the mother remove herself and the children from the situation. For the children and the mother in sexual abuse, whether they have remained at home because the father was taken away or are placed in one of the agency's placement facility, help with crisis and psycho-social treatment techniques is imperative. Since any of the pathologies described earlier are present in both parents in sexual exploitation, crisis, supportive, and psycho-social treatment techniques are most appropriate with the children in placement. There are many limitations in permanency planning since our courts are not responsive or sensitive. Legal redress for the removal and placement of children in sexual exploitation is necessary.

The structure of the treatment modalities in incest can break the incestuous bond. Treatment of the family as a group should not be the beginning modality. The incestuous bond could be broken through individal treatment first, then conjoint treatment of the dyads (mother-daughter, father-daughter, mother-father), and at the end, treatment of the family as a group. The individual modality of treatment includes sexual counseling of the spouses.

The following techniques of Crisis Intervention with individuals are applied for the establishment of a quick rapport. These are:

1. Placing yourself in the position of the person that you see; and feel like that person, whether it is the

father, the mother or the child. This is called empathy.

2. Sympathizing with their feelings. If you want to shed a tear, do so in the presence of the client.
3. Communicating your concern about his and her welfare.
4. Building up their hope by using universalization and humor.
5. Avoiding promises of cure.
6. Setting priorities of stress as they affect the individual that day, and working with that stress. If the father does not want to talk about his incestuous behavior that day, do not force him. Let him discuss what he wants to discuss. By doing so, you may find that in the next interview he will be discussing his behavior more readily.
7. Answering their questions honestly. If you do not have an answer, say so.
8. Handling their reactions on the spot if they are unrealistic and irrational.
9. Avoiding detached attitudes.
10. Focusing on the now and the tomorrow, not on the past; partialize the crisis, since the family may have other problems. Do not discuss all legal, economic or other family problems at once so as to avoid any confusion.
11. Moving from the challenge of the problem that you are confronted with, to a supportive position.

Supportive psycho-social treatment techniques are the following: environmental manipulation for certain immediate needs, such as housing. If the family is very poor and does not have money to buy food, you may be unable to "treat before you feed." Anxiety reduction techniques are as follows: Give them realistic reassurance, not a false one; state how you plan to achieve the goals of the treatment; how often you are going to see them; accept the person, even if you dislike the behavior of that person; ventilation – give the client the opportunity to express feelings, thoughts; universalization; set realistic limits. Direct approach techniques include advice giving for the ignorant or fearful client; role playing; admonition-confrontation with some reprimandation; and logical and deductive discussion for irrational thoughts of the client; and suppressive techniques -- if the affect, the attitude, or the actions are not realistic or rational, suppress them, do not elaborate. The above modalities have applicability to the treatment of all three behaviors.

The individual modalities of treatment for incest include the individual treatment of the victim-child. The victim-child of incest experiences feelings of fear, anxiety, self-blame and embarrassment, leading at times to suicide, and feelings of anger towards her mother.

Techniques of individual treatment of the father, the mother, or the child are as follows: avoid abrupt, rapid and demanding questions; place emphasis on the present and the future; emphasize their personal growth, their self-esteem, and their social-role responsibility; and control your personal feelings of hurt for the child. If you overidentify with the victim-child, in most cases, you are going to want to remove him/her. Also, control your feelings of anger toward the father. If you do not control these feelings, you may resort to legal prosecution, which tends to victimize the child. Do not spend too much time with extraneous items such as employment or income; focus mostly on the familial relationships. Be non-judgmental, especially with the father. It is better to say to the father that you are there "to understand his situation and to help," rather than to say to him: "Tell me more about your sexual perversions."

The first source of guilt in the child-victim is from the reporting of the incestuous relationship. There are two techniques for resolving the guilt from reporting. Offer the child the opportunity to express, to ventilate, the guilt. If she does not express it, then say it for her. When she expresses the guilt, then use the technique of universalization to take it away. "Yes, indeed, you have experienced many things, but now is the time to do exactly what I have seen other girls who have gone through that experience, do. They were able to deal with that guilt, to get it out." Guilt from the "disloyalty," "breaking up mother's marriage," and from "feeling revengeful toward mother," require ventilation and universalization for its resolution. Guilt from the child's feeling that "she is doing something wrong in having sex with father, something that her friends do not do," should not be touched in treatment. Neither enhance it nor eliminate it. Guilt from the "sexual pleasure source" is extinguished by helping the victim to receive sexual pleasure through the means used by most children.

Sexual counseling through individual treatment of the spouses helps them to recover their sexual relationships. The following six steps are used: The first step is a discussion of the negative feeling that they have for each other in the sexual area. Offer them the opportunity to ventilate: the why, when, and how of the negative feelings. When they voluntarily express the negative feelings for their sexual relationship (without your probing), move to the second step of sexual counseling.

The second step in sexual counseling is probing them to discuss the positive feelings they had in their sexual relationships at the beginning of their marriage. When the positive feelings are expressed without you probing, move to the third step.

The third step involves suggestions for individual sexual stimulation. The fourth step involves strong advice for mutual sexual stimulation.

The fifth step is discussion of the frequency in their forthcoming sexual relationships. The spouses themselves must arrive at the frequency they desire. When they have arrived at a consensus on the frequency of their sexual contacts, then the practitioner should introduce the sixth and last step.

The last step in sexual counseling is a task-oriented technique. In a task-oriented technique you project your expectations. For example: "Beginning tonight, and for the next two weeks, you are going to have overt sex completed every night." The practitioner must be careful with his/her smirks and smiles; it could destroy the process. Be very serious and direct. If they tried it for the first week and complained because of lack of success, insist: "I know you are going to be successful. Persist tonight."

On the first day of the following week, the father usually calls to say, "It happened." In an hour or two, the wife will call as well. The most important goal i.e., recovery of their sexual relations, has been achieved.

The conjoint treatment modality involves the dyads, i.e., father-mother together, father-daughter together, and daughter-mother together. Once a week you treat three dyads. Use the conjoint treatment suggested by Virginia Satir, i.e., the expectation each member has from the other, perception each member has for the other, and the meanings they design in their interactions during the session, both cognitive and affective.

The family treatment modality is the last modality to be used. The indicators for using this modality are usually presented by a sibling of the victim-child. These are: denial, pseudo-maturity, and ambivalence.

When we treat the incestuous family as a group we must become dynamically oriented rather that ritualistically equalitarian, e.g., if the father has talked for fifteen minutes during the family treatment session, do not expect every other family member to talk for fifteen minutes, also. Allow the process to occur. Do not stop them. Secondly, pay attention to the processes rather than to the specific content. Do these processes communicate anger, hostility, acceptance from each other, complimentary, happiness? Reflect on these processes; bring them back for discussion. Then, introduce the go-around techniques, e.g., how each member of this family perceives the problem; the changes he/she wishes to see in himself/herself; and the changes that he/she wishes to see in his mother, brother, or father.

In a month following termination, the parents will call you to let you know how they are doing. The feeling of gratification from hearing they are doing very well, makes child protective services all worthwhile.

137

METHODS, SKILLS, AND TECHNIQUES OF ASSESSMENT AND TREATMENT OF CHILD NEGLECT

Alexander G. Zaphiris, M.S.W., J.D. Ed. D.
Professor and Director of Field Practicum
Graduate School of Social Work
University of Houston
Houston, Texas

In this institute, Dr. Zaphiris described and explored methods, skills, and techniques essential for the assessment of cases of child neglect. Also discussed are treatment methods which are effective in treating child neglect.

To introduce this institute he related an experience with a case of neglect which he encountered in his practice.

A boy of five years of age was sent to kindergarden clothed in little girls attire and had become the center of ridicule among his classmates. His family was almost ideal – they cared for each other and were concerned about their children. In assessing this situation I discovered that there is a sect in Mexico in which families, for certain religious purposes, devote one of their children to the church for a number of years. The child, whether a boy or a girl, has to wear white clothing resembling a dress. This particular clothing is not the one that boys customarily wear in the United States. The professionals alleged that the family was neglectful because the child was not appropriately clothed, without giving the necessary attention to the socio-cultural-religious elements of the situation. Is it fair for us to take the best away from that family and give them the worse as we have done with the Eskimo in Alaska and the American Indian in this country?

I believe that treatment in child protective services should reflect logic, common sense and sensitivity in order to enhance the strengths of a particular family reported for neglect. In spite of the fact that the child in the family I just described had become the center of ridicule, the strength of his family did not need to be taken away. I suggested, in this case, that his parents be helped to see what they were doing to their child in the name of religion: that they be allowed to practice their religious beliefs at home and/or on Sundays but for the remainder of the week encouraged to use common sense. We treated and respected their religious strength and suggested that when the child attended school, that he be dressed like any other boy. In this case, the parents inquired whether they could do so, as far as their religion was concerned. Since I did not know anything about that particular religious practice, I suggested that a collateral resource be contacted. The priest of the particular church was contacted and he clarified to the family that the particular practice was based on religion, but that it was not necessary to practice it the entire day – which meant they could dress the child in the described attire and take him to the church after school, to which the parents agreed. The solution of the problem was accomplished without sacrificing certain strengths of the family deriving from their religious beliefs.

How many of you have seen the book, Human Services for Mexican American Children? One chapter, is devoted completely to child abuse and neglect. The first part of the chapter which I wrote, called "Child Abuse Services with the Mexican American Family," refers to what the social worker in child protective services should know about the culture of the population that he/she is serving. It strongly suggests that a child protective services worker must be sensitive to the culture of a particular family and also to the differences that may exist among two families of the same culture.

Failure to do the latter is a mistake that some Anglo and/or Mexican American child welfare workers make. In their assessment, they ought to generalize in terms of the culture of a particular family, they should also be very sensitive to the possibility that there may be a number of differences and deviations from the core culture as a result of environmental influences and pressures.

A child protective services worker of the same general culture as that of his/her client must prevent projecting onto the client, his/her own personal values. Some years ago, I served as the Executive Director of a Child Welfare Agency. Upon my appointment, Black social workers in the agency approached me to complain that their entire caseload consisted of only Black families. I agreed with them that the particular practice was discriminatory and racist. A professional social worker is entitled to work in a variety of situations with persons of any ethnic or racial background. My initial planning for change focused on adoptive services to the Black population of the Agency's clients. Most of the children were Black and would have remained in foster care until their majority, because some staff were claiming that "there were no Black adoptive homes" available. I became quite concerned about the emotional development of these children who were going to live in a limbo until their majority. There is no better substitute for one's own home -- no place offers better security than a permanent home for a child. Also, I was concerned about the expense involved in child foster care. Today, the average cost per child in foster care is approximately $14,000 per year.

A small group of interested citizens in a nearby agency in the Black community and I, met to assess if indeed there were prospective adoptive Black families. The Black leaders of this committee, who were clergy, complained, as to why I was sending only Black social workers to their community. My response was that the Black social workers understood the Black culture better. "Did it ever occur to you," the clergy told me, "that we do not want the Black social workers to come to our community?" They know too much about us, and there are times that we want to hide. Also, at other times, they project on us their lives' achievements and make us feel bad." It is necessary to respect clients' preferences as well as some of their defenses.

The above experience illustrates the following: It is diagnostically beneficial to know and to be sensitive to the culture of your client, but make sure that you are not projecting onto them your own unique achievements and/or values. The latter would adversely affect the client -- a client who may be of your own cultural background.

The language the client speaks, is of extreme importance. There are some Mexican American parents who do not speak and/or understand English. This is where the importance of social workers knowing the client's culture comes in, i.e., being sensitive to individual differences of a particular family, but also being able to communicate in their language, including the dialects they use. However, the professional must also possess the necessary diagnostic assessment skills.

Our approach with a Mexican American neglectful family must include foresight and must be parcimonious, and be without middle-class neurotic approaches which may be effective with families from other cultures. Mexican American families do not respond to middle-class neurotic verbosity. An initial relaxed approach is preferred over and above an assertive, competitive approach.

In treatment approach the Mexican American family reported as neglectful, not only in terms of the agency's resources, but also in terms of other community resources which may help you establish comprehensiveness in your assessment. Utilization of resources of the natural network is also of extreme importance, especially if the social worker is confronted with resistance in his/her evaluation of the situation. In order to enhance a humanistic service delivery, the practitioner must share his/her observations with the parents. If confronted with resistance or with hidden hostility because of the intrusion into the privacy of their family, a sensitive professional must identify and use collateral resourcces in their respective natural system. Families in the barrios will accept a professional evaluation and medical services from a curandera, folk healer. Some individuals have doubted the value of the services the curandera, folk healer, provides. They call it witchcraft. I call it a cultural strength, since the family accepts these services more easily than the services of a child welfare worker.

If a family is neglectful, child protective services workers must draw resources from the entire community, since child protection is the responsibility of the entire community. For low-prognosis cases with virtually no hope for treatment, the Juvenile Court is the best resort. In general, Mexican American neglectful families relate better to compassion, a non-assertive approach, and to a sensitive and rather relaxing beginning phase. However, at later stages, confrontation may be necessary. For example, Mrs. Lopez expects you to confront her for her neglectful behavior if she has not changed it despite your own effort and those of the natural network's. She will appreciate you and respect you much more than if you were to avoid certain parts of your responsibility.

In general, Mexican Americans respect authority. This respect is found in their family system. If you do not exert an authoritative approach (based on reality and rationality) with these families, they may lose confidence in you and refuse to see you again. The concept of authority is reflected clearly in the history of the Mexican American, as well as in the Mexican American families of recent years, where authority is part of the members' lives and their interpersonal interaction. If the professional is a racist whether or not a Mexican American or an Anglo, even though all the indications are there that the situation is of low prognosis, she/he will postpone confrontation and involvement of the Juvenile Court. If the family is Mexican American, whether the situation is good prognosis or low prognosis, confrontation used during the beginning phase of treatment is inappropriate. In the good prognosis situations, the natural network resources to help a particular family, must be involved first.

Low prognosis cases do not constitute more than ten percent of the total reported population of abused and neglected children. In a two-parent or parent-substitute family situation, both parents afflicted by any of the following conditions may be neglectful, at the same time: Both parents are psychotics. The Mexican American population is not free of this serious mental illness. The four most serious conditions of psychosis are schizophrenia, paranoid delusional psychosis, paranoid schizophrenia, and paranoia. If any of these conditions is present in both parents in a two-parent family and these parents are neglectful at the same time, or if any of these conditions is present in the single-parent family, the professional must confront the parent immediately and bring about the necessary community resources without resorting to the natural network.

The criminally insane personality in both parents of a two-parent family or in the parent of a single-parent family is another category of a low prognosis case. This type of personality is arrested, warped, fixed, and twisted toward the elimination of the child through neglect. The neglected child found in these situations must be removed on a permanent basis since she/he is in imminent danger.

Drug or alcohol abuse is another low prognosis category if found in neglectful parents. I am referring to the abuse of alcohol and or drugs; that is, a psychological dependence on these substances. Children must be removed immediately if their neglectful parents are severely mentally retarded. However, I am warning that there are some unscrupulous practitioners who consider parents who do not communicate verbally at the initial contacts, to be mentally retarded. Some neglectful parents are simply afraid to talk at the initial phase of child protective services intervention. Intelligence is not measured in terms of the client's verbosity. Repeated short visits are necessary in order for these parents to perceive the worker positively and to begin to communicate verbally.

Even in cases of good prognosis, initially, many contacts are necessary for conveying to the Mexican American neglectful parent that we are there to help rather than to punish them. Carrying out punitive attitudes and practices remind the Mexican American of past historical events of oppression which they have suffered. How do we convey to these parents our interest in helping? Only by relating to them our plans for concrete and tangible help such as repeated short visits, i.e., communicating the message: if she were not interested in me, she would not come back; the fact that she has returned several times today means that she wants to help me. It is only through this approach that communication begins. If we overcome the initial resistance of the neglectful good prognosis Mexican American family, from that point on our services are readily accepted. The family begins to appreciate your intentions. The American Indian family and Indians in Alaska responded to my intervention similarly when I visited several times and spent two or three hours waiting outside their huts without talking. This came about through the confidence I created through my patience rather than through punitive, authoritarian and coercive means, including the involvement of law enforcement and the courts.

If there are organic disorders in the nervous system, such as psychomotor epileptic seizures, found in neglectful parents, i.e., concurrency of the psycho-motor seizure with the neglectful behavior if found in parents of very young child, the situation is of a low treatment prognosis. For the five of the categories of neglect situations of low prognosis, the use of the natural network system usually does not produce the necessary change. Such other resources as clinics and the Juvenile Court must be involved.

A parent's physical handicap alone usually is not a sufficient base for parental, high or low prognosis cases. A non-neglectful and physically handicapped parent usually makes arrangements for the care of his/her child(ren) with neighbors, relatives and others.

Low or high prognosis of neglectful situations can be assessed only on an ex post facto but not on a priori basis. Concurrency of neglect with any of the five afflictions stated earlier constitutes low prognosis for an effective treatment outcome. This serves as the reason for our difficulty in implementing prevention even at the secondary level.

Prostitution by itself does not bring about neglect. Children should not be taken away because of prostitution by the parent, alone, if they are not physically or emotionally neglected. Such a parent has the right to do whatever she/he wishes to do to bring about income to his or her family. I have consulted in cases of prostitutes where, during their busy schedules, such parents had made better provisions than some other parents. However, some prostitutes are neglectful of their children and make no provisions for the care of their children during their work. If you assess these situations on an ex post facto basis, you will find that these prostitutes suffer from an extreme character disorder which places their case in a low prognosis.

Similarly, some drug abusers make provisions for the care of their children. If this is the case, removal of their children is not necessary, for they are not being neglected.

Diagnostic assessment must be differential and comprehensive and ought to lack overidentification with the neglected child.

A few years ago I was asked to consult on cases of hippies by a number of agencies which had concluded that hippies were neglecting their children. I applied understandings from a study of hippies living in communes which I had conducted in Breckenridge, Colorado. Findings of this study had shown that as parents, they were performing their role responsibilities. Their life style had not caused them to become neglectful. Their children were well fed, not only by their biological parents but also by other parents in the communes. The children knew who their parents were. Once, I followed some hippies to natural health food store. A hippy ordered a six-ounce jar of Queen Bee Honey which was far more expensive than the three-pound jelly that I had bought for my children at a supermarket. This particular situation clearly exemplified that individuals of different life styles could be as much concerned about their children's well being as other parents. The fact that they were hippies should not have automatically placed them in the category of neglect. Furthermore, neither physiogonomy, race, nor ethnicity, alone should be associated with neglectful behaviors.

140

In one of my case consultations I arrived at the following: A Child Protective Services agency had received a situation of a boy six years old who was alleged to be emotionally neglected because he lived in a family of a lesbian union, being a child of one of these women. My evaluation of this boy through play therapy revealed that his behavior was that of a typical six year-old child. Emotionally neglected children manifest both social as well as physical symptoms. The two lesbians were both professionals, one of them looking extremely feminine and the other masculine, which provided the boy grounds for identification with both masculine and feminine behaviors. Identification is established through attitides rather than through the sexual organs of parents. Sexual preferences of individuals, if practiced among adults in private quarters should be respected. Biased observations yield erroneous diagnostic assessments. Lesbians as well as heterosexual parents have similar vulnerabilities in terms of healthy or neglectful behaviors.

A psychiatrist referred a police officer to me who told me that his son had been apprehended for homosexual prostitution. The entire matter was hurting the police officer terribly. The historical facts I gathered from the police officer indicated that he had had difficulties with his son for many years. For example, when his son was three years old, he was hyperactive and very destructive with his toys. Because of this, the police officer was advised to seek professional help from a psychiatrist who recommended the following: His son's destructive behavior was due to the fact that the father was not spending enough time with him. Therefore, in order for him to devote more time to his son, they should take morning showers together, which he began doing. The police officer described how they would spend time talking together while showering but reported that after a while, the father, while showering, began to get erections and touching of the his genitals occurred. Thirteen years later the boy's homosexuality was manifested. Who is responsible for this sort of behavior? Is this a community and professional neglect based on a misconception which many have accepted, that in order for children to identify with the female or male figure they must look at parents' sexual organs? Identification with male or female figures occurs through the appropriate parental attitudes and feelings. If the parents of a child are not able to produce the appropriate attitudes, then neighbors, teachers, and relatives become figures for a child's identification.

There are five points related to motivation in treatment of Mexican American families reported to be neglectful which are suggested: (1) respond to their coping behavior rather than to the underlying causes of their neglectful behavior, (2) focus on their socialization and social control from within their respective communities. The best social control of the Mexican American neglectful, low socioeconomic class family derives from the extended family system and from the neighbors. When neighbors and/or the extended families' system notice that a particular father or mother neglect their children, they intervene. The practitioner must consider what the grandmother in the family thinks and what the neighbor thinks about improving the situation when a child in these families is not appropriately fed or clothed. Threatening these families with "If you don't change your neglectful behavior, I'll take you to court" produces apathy and/or a thick wall of resistance, (3) in order to motivate the the Mexican American family for treatment, offer active direct advice and concrete help (4) to overcome mistrust convey to these families, affection (not in sexual terms) through your support and listening with the third ear, to concrete problems in addition to the one of neglect. Insistance on feeding the children three times knowing that the Mexican American parent lacks the necessary resources becomes an unrealistic treatment expectation. Their motivation for treatment is enhanced enormously if their concrete needs are met first, i.e., "Feed before you treat.", and (5) since motivation for treatment is affected by what is termed "low level" tolerance, Mexican American neglectful parents must be restricted in the choices which they might express. If not, they become more confused and confusion contributes greatly to neglectful behaviors. Neglectful parents expect a professional to be authoritative. They expect the professional to set up certain parameters, certain controls, which allow them to mature in their respective role responsibilities. This tends to help such parents overcome resistance to treatment.

However, making realistic and rational choices and achieving self-determination ought to be encouraged in these parents especially if their actions relate to their efforts to overcome their neglectful behavior, e.g., meet with relatives or friends to secure appropriate clothing and food for their children.

Parents become neglectful mostly because of daily stresses of life accumulated over an extended period of time. I completely reject the notion that if you have been a neglected child, you automatically become a neglectful parent. I believe that is one out of ten or twelve possible causes of neglect. Such stresses of life could include disappointments, oppression, and lack of opportunities to Mexican American individuals to improve their status educationally. School districts in this nation populated heavily with Mexican American families do not offer Bilingual Education! The claim is that "Those children must learn English." This expectation becomes among the most disappointing experiences for young children, i.e., to enter a strange environment and listen to another language. It affects his/her motivation to learn, to improve and eventually move to a higher socioeconomic class. Bilingual education enhances the intelligence and the security of the children.

At times physical neglect is manifested by parents who lack the preparation in parenting skills. Our public and private primary and secondary school education does not offer such a preparation. Since the institution of the family has lost its function to prepare children in their role as parents, the educational institution must assume the responsibility.

Again, in addressing the importance of bilingual education, I suggest that it enhances security to a particular child because the language that is heard in his or her home is the language used in the schools. Only a secure child is able to learn and to develop the needed conceptualization. If a child is not provided with the means to develop conceptually, its respective community is neglectful.

How can we detect that the child may be at the beginning of neglect? If you see a terribly malnourished child, who is one third of the proper weight, you have no problem in establishing that something is happening. If you see bruises and lacerations and cuts, you have no difficulty in saying that that particular child is abused. Some beginning indicators that a child might be neglected are as follows: The child is unusually fearful, consistently irritable, withdrawn, or overly complaint! The latter confuses teachers no error reflected in such remarks as, "She's such a beautiful child. She does whatever I tell her to do." Such a child does not pose problems in the classroom. Teachers "love" such a child and usually do not detect the neglect.

Additional indicators are that a neglected child could be overly aggressive, consistently affectionless, or detached from his/her environment, and make attempts at self care. Also, such habit disorders in younger children as sucking the thumb with intensity, biting other children and/or his/her parents, masturbating, rocking, and head banging.

Identification signs for older children include a number of such conduct disorders as the child being constantly defiant, rebellious, and lying, stealing, and engaging in deviant sexual activities.

Additional identification signs of neglected children could be found in their extreme and consistent imagination and curiosity, in their sleep disorders and night terrors, in their hysterical, phobic-obsessive and compulsive and hyperchondrical reactions.

The Mexican American neglectful family responds best to treatment if the natural network is involved; if such concrete services as Day Care and Headstart are provided, and if family treatment, rather than individual therapy, is used. The treatment of the neglectful Mexican American requires that we be dynamically oriented by allowing the process to surpass a ritualistically equalitarian practice which lacks the cultural sensitivity. Also, react to the processes of the family's interaction and avoid elaboration of the specific content of their verbal messages. If, for example, the mother is talking to you about her husband spending too much money on his drinking alcoholic beverages, do not discuss how much money he is spending every week. That is specific content in her communication. Instead, deal with the process, i.e., the way that the mother is saying that: Is she angry? -- that is the process. This skill in the treatment of the Mexican American neglectful family requires the handling of emotions and the feelings communicated. "Mr. Jones, your wife is very angry at you. What do you think we have to do to really help her overcome the anger that she's experiencing?" This technique focuses neither on the money spent nor on his drinking. It simply sensitizes the husband to the emotions and the feelings.

Additionally, treatment requires the use of environmental manipulation, direct intervention, and advocacy to bring certain supportive resources to the family. Such anxiety reduction techniques as reassurance through your slow approach, through your waiting and repeated short visits, and through the use of logical deduction are of extreme importance in the treatment of the Mexican American family reported for child neglect.

IV.
INNOVATIVE PREVENTION AND TREATMENT PROGRAMS AND DELIVERY SYSTEMS

ALTERNATIVE PARENTING AS A PREVENTIVE APPROACH TO CHILD ABUSE AND NEGLECT

Efrain D. Carrillo, M.S.W.
Clinician II, Children's Team
La Frontera Clinic
Tucson, Arizona

Introduction

With the worsening of the economic recession, many who have enjoyed a relatively stable period of employment (e.g., professionals at all echelons) are now experiencing the frustrations associated with unemployment. How well these people cope with the situation, will affect the incidence of child abuse and neglect. The ability or inability to effectively handle the stress may or may not place their children at great risk (e.g., children make easy targets for those unable to cope effectively with stress).

The problem of child abuse and neglect is an ever increasing one, resulting in greater numbers of abusive incidents being referred for treatment every year. Unfortunately, by the time the victimized child reaches the treatment stage, he/she has been emotionally and psychologically scarred. Prognosis in many cases is fair at best, depending on the severity and frequency of the abuse. Psychological damage is sometimes irreversible and the victimized child later in life becomes the abusive adult.

Statistics on child abuse and neglect are vague indicators of the actual severity of the problem within our communities. Many abusive incidents never surface because families are either too scared, embarrassed, or the abuse is an accepted way of life. Other families simply are ignorant of legal recourse and community resources available to them.

Child abuse and neglect encompass numerous types of maltreatment of children. The major types include, but are not limited to, the following:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Neglect
4. Educational Neglect
5. Nutritional Neglect
6. Lack of Supervision
7. Medical and Dental Neglect

A child who is victim to any of the above suffers traumatic effects emotionally, physically, and spiritually.

According to 1978 figures (the most recent year for which complete data is available), the Children's Protective Services, under the auspices of the Department of Economic Security, was referred 38,372 children throughout the State of Arizona for investigation of alleged abuse and/or neglect. Based on the available data and interpretations of the number of families in which child abuse and/or neglect was actually validated, two significant findings were evident: (1) socioeconomic factors were found to be present in many families, and (2) lack of supervision (32.3%), physical neglect (25.6%), and emotional neglect (18.1%) were the most prevalent types of child abuse and neglect.

Although the above data is four years old, one can safely assume that actual abusive incidents are much higher than the reported incidents.

The need for effective preventive programs to help eradicate the problem of abusive incidents is great. Child abuse and neglect exposes a helpless population (newborns, infants, children, adolescents) to an extremely dangerous situation that results in physical injury or maiming, emtional trauma, or death. In most abusive families, the abuse has a long history versus situational abuse (e.g., one time incident). Above all, the problem reinforces a perpetual cycle – the abused child eventually becomes the abusive parent!

La Frontera Clinic has made as its mission, the delivery of comprehensive mental health services to those in most need (e.g., low-income families and ethnic minorities and others). La Frontera Clinic is geographically located in South Tucson, Arizona (South Tucson is a mile square city within the city of Tucson.) and serves a catchment area that has the highest unemployment rate, highest arrest rate, largest percentage of families living in crowded conditions, and socioeconomic factors that place this population at great risk for mental health, alcohol, and drug problems. Past research indicates a high correlation between these factors and the incidence of child abuse and neglect. It is important to note that not coincidentally, a high percentage of the catchment area residents are Mexican American (41.2%), a population more vulnerable to the same socioeconomic factors identified as contributing to incidents of child abuse and neglect because of the disparity of levels of education and employment between them and the population as a whole.

One of the specific actions La Frontera has taken as a preventive measure is instituting the use of P.E.C.E.S. (Padres Eficaces Con Entrenamiento Sistematico).

P.E.C.E.S. – Program Structure

P.E.C.E.S. is a parent effectiveness training program specifically designed for helping the monolingual Spanish-speaking parents in the Tucson community to develop alternative, healthier parenting methods. The programmatic goal is to reduce the potentiality of an abusive situation among our Mexican American community. It is unique in that P.E.C.E.S. is the only parenting program directed at working with the monolingual Spanish-speaking population in Tucson.

P.E.C.E.S., authored by Don Dinkmeyer, Ph.D. and Gary D. McKay, Ph.D., utilized written materials, as well as audio visual aids, within group structure. The program is delivered in an informative, educational style versus a therapeutic treatment modality. This style helps to reduce anxiety and resistance among the group members.

Our groups are composed of couples and single parents ranging in ages from 28-38. They are referred to a group from within the Clinic's caseloads by other staff therapists. Group size is limited to 8-10 members for the purpose of facilitating discussion. The group meets for a total of ten 90-minute weekly sessions. Each session is structured so that parents must read assigned chapters in the main text and be prepared to discuss the material. The utilization of the pre-recorded cassettes (that are part of the P.E.C.E.S. package) facilitates better comprehension of concepts presented in the particular chapter. An integral part of the group dynamics has been the exchange of ideas and mutual support that develops among the members.

The following is a brief synopsis of each session in the P.E.C.E.S. program:

Session 1: "Understanding Motivating Factors Behind Children's Behavior"

This session is very crucial for several reasons. Not only are the concepts of children's behavior presented, but the foundation of future sessions is laid down (e.g., introduction of program philosophy and group rules). Introduction of individual members and expectations of the program are also elicited. The delivery style of the therapists (one female and one male preferably) should be comforting and supportive of group members.

Members are encouraged to share their particular areas of concern in regard to parent/child problems and their present methods of child rearing. The therapists need to make sure to be supportive of the members and lavish praise on them for obvious interest in wanting information on alternative child-rearing methods.

The major concepts covered are that children's behavior is motivated by emotional needs and that inappropriate behavior can be categorized into four basic types: 1) attention-getting; 2) power struggle; 3) revenge; and 4) feelings of inadequacy. The majority of parent/child confrontations stem from these basic types of emotional needs. The concept of mutual respect between parent and child is emphasized (e.g., children liable to be more responsive to parents if parental expectations are seen as democratic, consistent, and fair).

Session 2: "Understanding the Role of the Child and the Role of the Parent"

The highlight of Session 2 is a discussion on developing realistic expectations of one's child and oneself as a parent. A parent needs to develop realistic expectations of the child in regard to intellectual abilities, physical capabilities, and age-appropriate behavior. Although a child is the biological extension of the parents, the child is an individual whose unique self-worth needs parental validation. Understanding this will help parents formulate a healthier parent/child relationship.

The myth of the "Good Parent" is scrutinized and found to be just that – a myth. The "Good Parent" is a super parent who believes he/she is incapable of making errors in judgment. If the child misbehaves, it is automatically the child's fault and corrective action must be taken by the parent. Rather, the concept of the "Responsible Parent" is offered to the group as a more realistic picture. The "Responsible Parent" recognizes the child's individuality and responds appropriately to the child. He sees the child as capable of making appropriate decisions, and being responsible and able to resolve problems on his own. The "Responsible Parent" recognizes his/her role in the child development stage as being a supportive, motivating, and stable parent.

Session 3: "Helping the Child Develop a Positive Self-Image Through Appropriate Parental Stimulation"

The major concept presented in Session 3 is the importance of the role parents play in the child's development of self-concept. Parents can help the child become responsible for their own behavior, through encouraging and stimulating confidence in the child. Children see themselves in their parents' eyes and develop self-images accordingly.

Session 4: "Developing Reflective Listening Skills within Parent/Child Relationships"

Children communicate with non-verbal messages (e.g., body language, voice tone, and behavior), as well as with verbal messages. Parents need to be able to listen to the non-verbal cues in addition to the verbal cues and give feedback to the child regarding his emotional state. This helps the child to better understand the emotional content behind the behavior. Parental feedback also demonstrates to the child that parents are actively listening, and therefore, he feels important in the parents' eyes.

Session 5: "Communication: Helping Your Child to Develop Positive Problem-Solving Skills"

Parents should encourage the child to resolve his/her own problems, whenever possible. Group members are introduced to the six basic steps in problem-solving procedure: 1) active listening and giving feedback to the child so that the nature of the problem is clear to the child; 2) brainstorming possible alternatives to the problem; 3) helping the child choose an alternative; 4) helping the child think of possible consequences of each alternative; 5) getting the child to make a choice; and 6) clarifying a time frame with the child for evaluation of the choice made.

The concept of "I" statements is discussed with the group members. Parents should try to make "I" statements whenever they are commenting on the child's behavior (especially inappropriate behavior, e.g., "I feel upset when I come home and find your bedroom not clean because cleaning your room is part of your house chores.") Parents typically make "You" statements that are accusatory and critical of the child. On the other hand, "I" statements focus on the behavior and carry no verbal attack on the person. Children develop their self-concept based on how they perceive themselves in the eyes of their parents. Children who are victims of harsh, critical verbal attacks, will develop a self-concept accordingly. Parents who avoid "You" statements and instead are able to make "I" statements that describe behavior versus describing the person, will insure healthier parent/child communication.

Session 6: "Natural and Logical Consequences"

The concept of natural and logical consequences is probably the crux of the P.E.C.E.S. program. It embodies all the previous concepts that have been discussed up to now. In the past, most parents relied on the reward and punishment method in disciplining the child. The reward and punishment method implies three basic assumptions: 1) parents are solely responsible for the child's behavior; 2) children are not capable of making decisions and therefore, taking responsibilities for their own behavior; and 3) appropriate behavior is to be expected only in the presence of authority figures.

Natural and logical consequences is an alternative to the reward and punishment system. There are several advantages to the method: 1) it makes the child responsible for his/her own behavior, not the parent; 2) it allows the child to develop appropriate decision-making skills, and thereby the child will probably be able to choose the best decision, and 3) it allows the child to directly experience the natural consequences of decisions regarding the real world (e.g., if the child refuses to dress suitably for cold weather, then the consequence is that he will be cold).

If parents can successfully apply natural and logical consequences with the child consistently, then parents are on the way to helping the child take responsibility for his own behavior.

Session 7: "Applying Natural and Logical Consequences in Other Situations"

In many instances, natural and logical consequences can be applicable to parent/child disputes involving house chores, in avoiding physical confrontations with the child. For example, if a child absolutely refuses to wash the dishes before parents come home from work, a natural and logical consequence may be, "I would like to come home to a clean kitchen so I could start cooking dinner; however, I cannot cook dinner if the dishes are not washed." The consequence of not having dishes washed before parents come home is that there will be no dinner.

Many times the child experiences problems outside the home that require solutions, (e.g., problems with peers, problems at school). Hence, parents should refrain solving problems for the child. Instead, the parents should find natural and logical consequences that can be helpful in these situations. Beginning by following the six basic steps in problem-solving procedure, helping the child reach his/her own solution and own up to its consequence, parents will find the child's ability to formulate rational decisions develop quickly after some practice.

Session 8: "Family Meetings"

Whenever families are faced with making decisions that will affect every family member – family meetings are encouraged (e.g., family trips). This process will insure that parents receive input from everyone involved and be in a better position to assess situations before arriving at a decision. The process will make the children feel that their ideas and opinions are valuable to parents. Family meetings are also helpful in resolving family disputes such as sibling fighting, sibling arguments regarding division of house chores, etc.

In order to facilitate productive family meetings, several group rules should be made clear by the parents at the first meeting. Setting specific times, dates and limits, on the length of meetings, rotating chairpersonship, and keeping to specific items on the agenda are suggested as possible group rules.

Session 9: "Developing Self-Confidence in Yourself as an Effective Parent"

The last session emphasizes the need for parents to be patient and optimistic with themselves. It will take practice and a lot of work before becoming an effective parent. Results may or may not be seen immediately, but parents must remain constant in their belief that they will eventually reach their goal. They can expect initial resistance from their children because it will be a new experience for them also, and they will test parental patience and limits. Resistance will also come from relatives and friends because they will find it to be contrary to their child-rearing methods (e.g., reward and punishment). The anticipated roadblocks put up by the children and friends to change will indeed be difficult to overcome, and yet the results will make it worthwhile.

Summarization:

The P.E.C.E.S. program was implemented on April 8, 1982 at La Frontera Clinic. Since then, the first group has run its course, and we are well into the second group. Although the program is relatively new, a total of approximately 15 parents (five of which were males) have been involved in P.E.C.E.S. They all have expressed positive feedback regarding the program. Most of them verbalize positive results in their relationship with their children (e.g., children are responding to them, as they are less argumentative and more accepting of parental expectations).

To be sure, some parents continue to experience some parent/child communication problems; however, they are beginning to internalize the concepts behind effective parenting which suggest understanding at a cognitive level. Yet it is important to note specific examples whereby parents have reported improvements in parent/child relationships

After years of unsuccessfully trying to get their 8 year-old son to eat dinner with the rest of the family without throwing a temper tantrum, parents now report that he eats with the family without being argumentative. They simply told him that he could eat quietly with the family at dinner time or choose not to eat. The son (after one night of going hungry) decided to eat with the family quietly.

Natural and logical consequences helped another parent to get the son to bathe regularly. The son was given the choice of bathing regularly or losing television privileges. The son decided it was best to bathe. The logical consequence was, "If you don't have time to bathe, then there is no time for T.V."

A mother reports: "Before the P.E.C.E.S. program, it was extremely difficult being a single head of household." She used el cinto (the belt) to get her teenagers to respond to her wishes. The program has helped her to communicate more effectively with her daughter and son; the hitting has subsided and the mother has left el cinto en el ropero (the belt in the closet).

The above examples illustrate some of the positive effects P.E.C.E.S. has had on several parent/child relationships. The majority of abusive situations occur because parents are ill prepared to be effective. They rely on child-rearing practices taught to them by their parents. These practices are sometimes harsh, inconsistent and impulsive. P.E.C.E.S. appears to be effective in educating our monolingual Spanish-speaking parents in an alternative child-rearing method, one that instills a healthy and practical communication pattern that is beneficial to both parent and child.

The program does have its limitations, which have surfaced during the time period since its inception at the

Clinic. Due to the fact that written materials are an integral part of P.E.C.E.S., a parent must be able to read in order to fully appreciate the program. It is advisable that at least one of the spouses be able to read, with comprehension, the material utilized in the program. Do not automatically assume everyone wishing to participate is able to read. Another limitation is that P.E.C.E.S. is designed to teach parents who are relatively free of serious mental disorders (e.g., neurosis, psychosis). Parents need to have a fairly stable mental and emotional equilibrium.

On the other hand, P.E.C.E.S. is an adaptable program due to its short term commitment (only once a week for a 10-week period), group size, low cost to the participant ($5.25 for main text), and simplistic approach. P.E.C.E.S. can be utilized with a migratory population such as migrant farmworkers within school districts. The small group size makes it possible for exchange of ideas and mutual support among its members (e.g., group members have continued their social interactions after program has ended). Group experience has alleviated undue tension in parents when they can visually see other parents, just like themselves, encountering similar parent/child problems, which would not be possible in individual sessions.

In conclusion, the use of P.E.C.E.S. has proven to be an effective tool in creating an awareness among Mexican American parents that alternative forms of child rearing exist. Although hard statistics regarding the impact of this program on the prevention of child abuse are not yet available, the positive responses from parents themselves are extremely encouraging.

MOTHER–CHILD EDUCATION PROGRAM

Guadalupe G. Lara, M.S.W.
Educational Coordinator
Latino Outreach Mental Health Center
Detroit, Michigan

Those of you who work in settings where children who may be suspected victims of child abuse are identified must be familiar with the frustration one gets from simply placing a band-aid on the problem. The lack of appropriate placements for children is difficult enough, but the lack of parent education programs to refer parents is perhaps even more difficult. To further complicate the problem, the selective programs for special target populations (such as the Hispanic and other non-English speaking groups) are almost unavailable.

With this frustration at hand, Latino Outreach, in January of 1981, started a pilot project, the Mother-Child Parent Education Program, based on the Houston Model of the Family Service Center, Parent-Child Center. The project started with one social worker, and eight mothers who spoke only Spanish. All the mothers had children, the oldest being of pre-school age. The program was modified according to the specific needs of the Detroit community, and also modified to accommodate a smaller staff.

The program consists of twenty-four in-home lessons and twenty-four group sessions at the agency. Transportation and child-care services are provided for group sessions. The group sessions serve two purposes: it gives the mothers a chance to share and network with other women, and it allows the children a chance to interact with other children and to begin the separation from the mother.

Each week the group receives a presentation on various topics that deal with their own personal growth as women. Some of the topics are, Assertiveness Training, Communication Skills, Listening Skills, the Reality of Family Violence, How to Fight Fair, Sexuality, and Importance of Accepting Our Bodies. Included in these sessions are exercise and beauty make-up workshops. The importance of feeling comfortable with ones' self is stressed throughout the various sessions.

Once a month the women have a merienda (potluck) in which they all bring food that represents their ethnic backgrounds. Many of the women have difficulty coming to the group sessions at first, either because their husbands do not allow them or because of their fear of the unknown. Fortunately, the In-Home Component facilitates the transition from home to agency. Usually, after three visits to the home the family is able to detect if the worker is sincere and to decide whether they will accept the program or not. The mother will come for fear, many times based on the worker's encouragement, that the In-Home component will be discontinued if she does not attend. Once she attends the group the barrier is lifted. Since the group is a major part of the program, the mothers are encouraged to call on each other during the week when their worker is not available and to begin to solidify the network.

Aside from the Mother-Child program, a strong supportive services component is maintained. When a family shows signs of needing additional services (such as special screening for children, for significant developmental problems, psychological or medical) appropriate referrals are made, and the worker accompanies the family to the site. Most of the mothers are enrolled in ESL (English as Second Language) classes, since none of them speak English. English is stressed as a second language, so that by the time their children go to school, they may be able to participate actively in their child's educational program. Aside from ESL, the mothers are encouraged to become active in community affairs: from voter registration to closing down a factory that is polluting their community.

Latino Outreach, as part of its educational component, provides presentations to the Hispanic community on family violence and alternatives. As part of their outreach effort many of these presentations are done at churches, schools, private clubs, or wherever there is a request. Part of our philosophy is to start where the client is at – which is in their community. The agency also uses the media as a prevention tool. It hosts a weekly program on the Spanish Radio Program that addresses many of the themes mentioned earlier.

By way of these various outreach methods, client registration is ongoing. During the past two years, the waiting list for the Mother-Child Program has continued to grow, and so has the program. The number of referrals from other agencies continues to increase, but unfortunately, Latino Outreach is still the only agency providing parent education in Spanish.

The program now has three social workers (M.S.W.'s) and one aide, with twenty-five mothers currently enrolled for the fall program. Due to a low budget, neither a nurse, nutritionist, nor other professionals usually on the Parent Education team, were hired. Instead, three caseworkers with previous experience in working with children and their families, and knowledge of child abuse, were hired. These workers, aside from providing the in-home lessons and facilitating the group sessions, also make evaluations about special problems that may need attention. Although the workers do not provide therapy, they can be psychotherapeutic with the families in a preventive manner, especially in crisis situations.

The biggest problem faced in working with these Hispanic families is that of termination. As with most Hispanic families, there is a tendency to adopt the worker into the family network, if it is someone they respect and value. To deal with this problem, many of the mothers are referred to other programs within the community, where their knowledge base will continue to expand, and they can still see the worker occasionally, although on a different basis. Latino Outreach is a center where skills and information are provided to assist people to cope more successfully with everyday events in life.

Skill-building programs and information are provided in a warm, congenial atmosphere that reinforces the value of the Hispanic family as being the main support of the individual. This is what we understand preventive mental health to be. By forming alliances with other agencies, advocating on behalf of the community efforts, we try to change negative aspects of the existing social system and promote the well-being of Hispanics in our community.

NOTE: Guadalupe G. Lara, M.S.W., is Educational Staff Coordinator at Latino Outreach Preventive Mental Health Center and Emergency Room Social Worker at Children's Hospital of Michigan, Detroit, Michigan.

BACK TO BASICS – THE NEIGHBORHOOD

Judge Enrique H. Pena
327th District Court
El Paso, Texas

Reforming families, reforming children, through social programs is a revered god in the pantheon of liberal idols. The conservative equivalent, of course, advocates dismantling of all social programs, and in the center of this controversy are the reformers. The very same reformers who still consider juvenile justice and child welfare as "tinker toys." Question: Are child welfare reformers exempt from challenge because they presume to be acting in the best interest of the child? Answer: The majority of these reformers populate the child welfare bureaucracies.

Now our challenge is to develop the means to save families and children from their champions. As someone once remarked, "God, save me from those who help me in your name." This is not to suggest in the least that there is no need for private or public agencies or that their services are not needed or that these services need not be furthered, improved, and constantly adapted to changing needs. However, I would suggest that local authorities cannot (and should not) assume all the roles once played by families, institutions, and community attitudes.

It may be that we have expected these local authorities to deal with the failures produced by inadequate or non-existent families, schools, neighborhoods, and other personal and social adversities. As things now stand, there are too many agencies competing directly with each other for a piece of a family or a child. While efforts have been made to coordinate and deliver continuous services, these efforts have generally failed.

I would be derelict, of course, if I did not at least mention our present legal system. I believe that as professionals and as practitioners we all have prejudices and biases about our present adversary legal system. There is no question that we are, and should be concerned over the impersonality, insensitivity, and remoteness of the law, not to mention its excessive rigidity and formality.

We will continue to debate on the appropriateness of adversary justice and most importantly, the value of integrating legal and welfare roles in our present juvenile justice system.

A recurring theme that is at the forefront these days, is whether the goal of our present system is to provide what is best for families and children. Or are we providing a system that is detrimental – hurting families and children. Above all, is the adversary system presently in place, both an appropriate and effective model? "Effectiveness" being measured in terms of whether it helps or hurts.

Our present system cannot continue developing and implementing programs where "families and children on the stage of both social and juvenile justice find themselves assigned roles in a morality play in which the best parts are reserved for others."

Our present system cannot continue to create programs that establish artificial worker-client relationships and continue to disrupt parent-child relationships and familial ties, preventing the chance of development or change and most especially among minorities – economically disadvantaged, regardless of race, color, or creed.

I imagine we can look at the assessment and servicing of needs of families and children in two ways: First, from the professional viewpoint – guided by a complex array of administrative, economic, and political forces, which has little to do with true needs; second, from the viewpoint of children and families who may be in a better position (along with their communities) to understand their true needs – using different criteria of assessment than those used by professionals, and who probably are in a better position to know what services are already in place within their own neigborhoods and communities.

Use of Alternatives within the Neighborhood

It is this relatively untapped alternative – local, non-professional community groups – mediating structures – that should be the focus of public policy to bring about change – not as an alternative, but as a compliment to both our present legal and social justice system. Mediating structures have a considerable lineage in social and political thought. The concept merely refers to a commonly experienced reality – namely, those institutions that stand between individuals in their private lives and the vast bureaucratic structures of our society.

Foremost among these institutions are the family, organized religion, voluntary associations, the neighborhoods, and ethnic or racial subcultures. Studies have shown that most people in lower-income areas turn, in time of trouble, to someone or some group in their neighborhood for advice and help. In a study conducted by Donald and Rachel Warren of Oakland University in Rochester, Michigan, they found that 80% of low-income residents in Detroit, when faced with a crisis, turned to individuals or institutions within their neighborhood for help.

These findings were confirmed by a study conducted by the University of Southern California. When asked to list those they turned to first in times of crisis, persons who had been in distress indicated they went most frequently to someone within the neighborhood. In fact, the top seven choices were sources within the neighborhood (ministers, friends, neighbors, hairdressers, and so forth).

Yet, federal, state, and local governments spend enormous sums of money to staff, operate, or otherwise fund professional service agencies -- sources of help that people typically choose to avoid, according to these studies. Not only is much of this money wasted, since the services rendered tend to foster dependence on the system rather than promote reliance on self, but government emphasis on professional services also frequently undermines the strengths and effectiveness of local mediating structures.

It does so at great cost to the public coffers, which must pay for services that could have been more cheaply and more successfully provided by local institutions and organizations; to the community as a whole, which suffers when the institutions that define it and give meaning to the lives of its residents are stripped of legitimacy by government's refusal to recognize their capability; and to the individuals themselves who pay for the help they receive with the coin of dependency.

Let me suggest that it does not have to be this way. I am of the opinion that there is a huge potential for assisting rather than hampering neighborhood mediating structures and for adopting public policies that encourage their good work. While some changes may be major and may require restructuring the way public policy is developed and programs are funded, many minor changes can be undertaken.

In countless communities, urban and rural, throughout the United States, individuals, churches, and neighborhood organizations have succeeded where large-scale programs have failed to solve or even to address a specific community problem.

Regardless of how one feels about the cuts in government spending proposed by the Reagan administration, the cuts provide an unparalleled opportunity for rethinking the presuppositions, program designs, and implementation mechanisms of social policy in this country.

The Concept of Organizing Neighborhoods

The concept of organizing neighborhoods at the grass roots level into mediating structures is not a panacea for all social ills, nor is this concept 100% successful. However, this concept is a viable and flexible approach, an approach that can be replicated in almost any community in this state or in this country.

In 1978, the National Center for State Courts conducted a nationwide survey of programs used by juvenile and family courts in order to determine if there were any effective and functional programs using volunteers in place which could be replicated throughout the country. At the conclusion of the survey several recommendations were made. It was found that a program that was in operation in Seattle, Washington, scored the highest of all programs surveyed according to the following criteria: reduction of workload for court personnel, enhancement of court status within the community, delivery of intensified services, an increased awareness of community sense of responsibility for families and children, an increased awareness on the part of the court, of community attitudes, and most important, an improvement in the quality of services delivered. That program had been in place since 1959.

The primary reason for their continued existence and success was that the concept was not dependent on the financial and organizational support of state, local, and federal funding, but derived its total support from the individual community. This concept was called the Seattle Juvenile Court Conference Committee.

The Juvenile Court Conference Committees

This concept was premised on several major assumptions:

1. That the community is better able to respond to problems that families and children may be having at the neighborhood level and not at the legal level.
2. Families and children can better relate their problems to members of their own neighborhood.
3. That the neighborhood is in a better position to know what resources are available to help the family and children, and if none exist, that neighborhoods are in a better position to develop the needed resources to help families and children.

4. That these committees can focus not only on the child, but, most importantly, on the family unit as a whole, contrary to the legal system whose primary focus is the child.
5. That members of these committees, being members of their own community, are more successful in requesting and obtaining services of institutions and the community as a whole.

Organizing the Juvenile Court Conference Committees

Briefly, committees are nothing more than local citizen's committees comprised of persons appointed by the juvenile court judge, who act under his instructions. The members of these committees are residents of the neighborhoods that not only serve as an arm of the juvenile court, but extend their hand and help in resolving the problems of youth and their families.

In essence, these committees are providing, as a community service, a procedure whereby families and children in trouble may be helped to remedy a problem in its very early stages, within the home environment. This is one of the main strengths of this concept. All too often, the legal system and even the agencies themselves, will see families and children when it is too late to do anything to help them.

What do these committees do? When families and children are referred to committees, conferences are held in private with both the parents and the child in their own neighborhood. This might not seem important at first glance, but to most families, transportation is a major obstacle, not only in receiving services, but initially in seeking those services. Also, the neighborhood is not "alien" territory to them. They are in their same environment.

Once the committee is fully aware of what problem or problems the families are experiencing, they formulate a plan for them-- a disposition. Let me illustrate. In a typical case involving a minor offense--such as status offenses (truancy, runaway, or class "c" misdemeanors), a voluntary contract is signed between the committee members and the family. The terms of the contract may include a wide range of terms suited to the individual case. Examples of these terms may be: the committee may simply counsel with the family and close the file; they may develop a contract between the members of the family; they may assign community services; they may order that restitution be made to a victim; there may be a referral to an agency in the neighborhood for assistance; or if the child needs to be placed outside the home, he may be placed in a residential facility or with some other family within the neighborhood.

The point is that the range of alternatives available to the members of these committees is as wide as their imagination in tapping resources available within the neighborhood. On the other hand, if the committee members find that there are no resources within their own neighborhoods, they are then challenged to establish whatever resources the families in those neighborhoods are in need of.

What do these committees accomplish? In meeting with families and children it is expected that the committees accomplish the following:

1. Facilitate resolution of the problems confronting the families and the child.
2. Impress upon families and children that their neighbors and the community are concerned about their problems and/or conduct.
3. Stimulate and maximize the opportunity for citizen participation; and
4. Develop needed community resources and services not available in neighborhoods.

Organizational Structure of the Committees

Let me briefly discuss the organizational structure of the program. While it is conceivable that this concept can be developed without the support or commitment of the family or juvenile court, in order to have uniform policies developed, especially at the intake level, it is advisable that support be obtained from the court.

The successful operation and continuation of these committees is dependent on the sanction and legitimacy that they derive from having the court involve itself, not in the daily operation of these committees, but more significantly, in program development.

In my personal opinion, a Court Administrator (or a person in an equivalent position) is probably the most important person in the whole organization. That person has the responsibility of carrying out the policy and, most importantly, developing the overall program planning, implementation, training, and evaluation.

In planning and bringing about an implementation of the concept, the Court Administrator recruits interested community groups as sponsors and screens potential committee members for the court's approval. That person is primarily responsible for training, which will, of course, include orientation of potential committee members and on-going training of members and consultants.

Like the Court Administrator, sponsors are a key to the implementation of this concept. Since this concept is dependent totally on community support for its operation, sponsors are essential. A sponsor will usually be a neighborhood association or a service club, preferably from within the area that the committee will be working in. Initially, sponsors will provide a meeting and training place for the committee, usually located in the area to be served. Locations include churches, recreation centers, savings and loan institutions, and even banks.

The sponsor usually recruits a volunteer secretary who is responsible for maintaing all records necessary to the program. The secretary has the responsibility for contacting families in order to arrange for conferences with the committees.

Sponsors agree to provide financial and administrative support to their committees. This support varies according to neighborhoods. As an example, one of our sponsoring organizations in El Paso provided only $45.00 in financial support to their committee which handled over 200 cases. The cost to the sponsor (actually the taxpayer) amounted to less than $0.25 per family.

That same group that spent $45.00 a year, later provided $500.00 as additional financial support to provide counseling services for those families which were unable to pay for those services.

The recruitment and nomination of potential members to these committees is the most vital role of the sponsor. It is through the nomination of concerned and dedicated citizens who reflect the social-economic composition, attitude, culture, ethnicity, and language of each area, that the committee comes to life. It is only after the prospective members are carefully screened, oriented, and trained, that the court will appoint them.

Each committee elects its own chairman to act as liaison to the sponsor, spokesperson, and coordinator of the committee. It is this person that informs the sponsor and the community regarding what services and programs are lacking within a locality and seeks ways of developing resources to meet those needs.

The Juvenile Conference Committee Working with the Community

In our community, referrals to the committees come directly from the intake section of the Juvenile Probation Department. Conceivably, referrals could be made by families themselves, schools, churches, agencies, and law enforcement agencies. All referrals are made to the secretary of the particular committee where the family resides. The secretary, in t[illegible], contacts the families, explains the purpose of the committee, and schedules a conference.

A very informal conference is held (in the presence, of course, of a consultant), and after hearing all sides both individually and collectively, a decision is made. One of the most important functions of these committees is to monitor the case for a period, not to exceed six months.

What are some of the advantages that committees have over the legal process? The committees hear cases privately, informally, at a convenient place for the families, at reduced cost, with voluntary compliance, and all proceedings are unrecorded. The legal process on the other hand, is public, characterized with formality, at times inconvenient to people because of the location of our courts, and costly, with mandatory compliance and with permanent records that, in spite of the fact that they should be confidential, are usually known to everyone.

I hope that this short description of a new and exciting concept gives you a bird's-eye-view of the growing movement in the United States, to involve the community in the resolution of disputes that would--or might--otherwise be decided in our legal system.

If we are going to succeed in bringing about major changes in public policies involving child welfare and juvenile justice, our challenge is to generate community interest and involvement. To do otherwise means we will continue to march to the same beat.

Our communities must be brought into the decision-making and implementation processes affecting families and children, and most importantly, we as professionals and practitioners alike must come to the realization that maybe, just maybe, there are some families and children that fall outside our competence as professionals and practitioners. To bring about changes, we must recognize that there may be mediating structures within our own communities that are far more capable and competent to handle their problems.

Look around today. Our times are marked by a growing sense of the general public that much of our government is inefficient and either unable to or uninterested in furnishing the services needed to insure a stable and healthy functioning society. It is a sign of citizen concern and vitality, in a hopeful expression of that concern, that dissatisfaction with current policies both in child welfare and juvenile justice will lead to increasing citizen intervention. This is not to imply or suggest that all of us have not attempted to develop and implement effective methods of helping families and children. This is not to say that on a federal, state, or local level there have been no such attempts.

However, debates will continue as to whether past and current official approaches in these areas have or have not failed to deliver on their promises; and the debate will continue about the appropriate policies and programs that have been developed in the past, whether they have been successful or not.

The debates can continue; however, the general public and especially our news media, will continue to press for solutions to the problems facing the American family, and these "solutions" themselves will of necessity have to include something other than what we are presently doing or have done in the past.

It has been stated, "We may yet see in the years ahead an extensive network of community-justice centers of all kinds effectively returning to the people in their communities responsibility for, and control over their own destinies in the dispensation of justice. In a period of shifting values, of national and international tensions and upheaval, we may yet be able to bring 'peace upon our house' in the words of the departing benediction, pronounced by today's successor to the tribunals of biblical days."

References

Alper, Benedict S., and Nichols, Lawrence T. Beyond the Courtroom: Programs in Community Justice and Conflict. D.C. Heath and Company, 1981.

Alternative Means of Family Dispute Resolution. American Bar Association, Young Lawyers Division, National Legal Resource Center for Child Advocacy and Protection, 1982.

"Children Without Justice:" A Report by the National Council of Jewish Women, National Council of Jewish Women, 1975.

"Final Report on Volunteers in the Juvenile Court." Arthur D. Little, Inc., and the National Center for State Courts. Office of Juvenile Justice and Delinquency Prevention, Washington, D.C., 1978.

Martin, F.M., Fox, Sanford J., and Murray, Kathleen (1981). Children Out of Court. Scottish Academic Press, 1981.

Meyer, Jack A. (Ed). Meeting Human Needs: Toward a New Public Philosophy. American Enterprise Institute for Public Policy Research, 1982.

Woodson, Robert L. A Summons to Life: Mediating Structures and the Prevention of Youth Crime. American Enterprise Institute, Ballinger Publishing Company, 1981.

AVANCE, PARENT-CHILD EDUCATION PROGRAM—A NATIONAL CHILD ABUSE AND NEGLECT DEMONSTRATION AND RESEARCH PREVENTION PROGRAM

Gloria Rodriguez, M.Ed.
Executive Director, AVANCE
Carmen P. Cortez, M.Ed.
Center Director, AVANCE
San Antonio, Texas

Child Abuse and Neglect emerged as a social issue in the 1960's with the coining of the term "battered child syndrome" by Dr. C. Henry Kempe and with the subsequent enactment of the Child Abuse Prevention and Treatment Act, Public Law 93-247, in 1974. Since Dr. Kempe's report, child abuse reporting has increased 300,000 times each year in the United States. The figure rises to one million if neglect is included. About 60,000 children have significant injuries; about 2,000 children die from abuse each year, and about 6,000 have permanent brain damage (Kempe, 1976).

I have gathered numerous sources developed by people who have studied the conditions and factors which lead to child abuse and neglect. AVANCE Parent-Child Education Program in San Antonio, Texas also has conducted its own research study to see how prevalent these conditions are in the communities it serves, which are predominantly Mexican-American.

Child abuse and neglect has been described as a complex interaction of psychological and situational/environmental factors (Helfer, 1973). The child abusers represent a cross-section sample of the general population. They are from all socioeconomic strata: laborers, farmers, blue-collar workers, white-collar workers, and top professional people. Some would be in poverty, some relatively wealthy, but most would be in between. They live in large metropolitan areas, small towns, and rural communities (Helfer and Kempe, 1968).

Even though the focus of this conference is on the Mexican American, Mexican Americans have no monopoly on child abuse. We also want to point out the fact that Mexican Americans are not immune to this problem. Some people cannot believe that abuse can exist among the Mexican American population.

Current literature demonstrates that abuse occurs in all socioeconomic levels, in all races and nationalities, and in all religious groups (Today's Education, 1974). The majority of reported child abuse cases, though, are found in low socioeconomic, deprived areas. Bandman states that these statistics are skewed since most identified cases of child abuse are reported by hospital emergency rooms, clinics, and social service agencies patronized primarily by lower socioeconomic families. People from the higher socioeconomic classes have and use the means to control their actions (Fontana, 1973).

One of the conditions and factors related to child abuse, is poverty or poor economic conditions: the lower income families suffer more stresses and strains than higher income families, exacerbating circumstances such as financial stresses, overcrowded housing, and pressures for breadwinners, and inability to provide. Those that need the most tend to be clustered together in settings in which they must struggle to meet those needs, competing for scarce social resources. Collins and Pancoast (1976) used the concept "free from drain" to describe people who can afford to give and share. These people can afford to give their share because balance of the needs and resources markedly favors the latter. In low-income, high-risk communities, people are inclined to getting all they can from others, while giving as little as they can get away with (Garbarino and Sherman, 1980).

Even Margaret Mead states: "No one can be a good mother while poisonous paint peels from the walls, or rats bite babies in their cribs. She may be doing what she can, but what can she do about the rats, the paint, the cockroaches, the lack of water or heat?" Her ideal image is different from that seen on T.V., and this produces more stress and frustration. To validate this point, there have been numerous research studies which indicate that punishment, teaching strategies, and maternal interactive behaviors, are significantly related to the education or economic levels of the parents (Kagan, 1975; Bee, 1969; Steward, 1973; Laosa, 1980; Zeigob, 1973). Thus people in the low-income areas are really suffering and doing things because of the stress that they are going through.

Another factor is the vicious cycle of abuse. The majority of yesterday's maltreated children are the maltreating parents of today, so the maltreated children of today will become the maltreating parents of tomorrow. We see this acted out from generation to generation: abuse breeds abuse, and violence breeds violence (Fontana, 1973). Social learning theorists suggest that child abuse and neglect is a result of models of exposure to, and experiences of, aggression. Bandura has shown the importance of modeling of aggressive, physical behavior in adults and the physical adoption of such behavior by children. As the research indicates, our primary models during infancy will be imitated. These models are our parents. If parents deal with frustration by physical aggression, or if they show a tendency to react to stress by physically lashing out, children will adopt this behavior as their own if there are no countervailing forces. These impressions are stored in our cognitive structure forever. This is why so many conscientious and interested parents who have emphatically rejected their own parents' child-rearing methods, may revert in moments of crisis, when their carefully thought out methods are not working well, to the very methods they have rejected (Kempe, 1978).

Unfulfilled needs also constitute another factor in community child abuse and neglect. The mothers of abused children have an acute need for nurturance themselves. They have an insatiable need for attention and evidence of caring. Only when some of their own needs have been met, can they discuss and perhaps begin to understand a child's needs as validly as their own (Kempe, 1978). Some immature parents are forced to assume the grown-up role for which they are not ready. This can be seen in mothers of all ages, but especially teenage mothers. In Texas, the number of babies born to teenage mothers is increasing at a rate of five times that of all births (Frost, 1974). Ginott (1965) states that some women cannot carry the burden of motherhood because they themselves need mothering and seek it from their children. In a reversal of roles, they demand service and security from their offspring. The children feel compelled to protect, entertain, and worry about their mother. And since they are incapable of fulfilling such demands, they are left with perpetual feelings of failure and anxiety. They grow up deprived of chilhood, guilty and self-blaming. These mothers need help in growing up. They look for spouses and their own parents to fulfill their own needs. Many marry men that are suffering from the same deprivation. Steele (1970) writes that throughout life the abusive parents have pathetically yearned for good mothering, returning again and again to their mother, seeking for it, but not finding it and ending up with disappointment, lowered self-esteem, and anger (Castle, 1977).

Korbin, an anthropologist, states that children in many societies are valued for their participation in economic activities. In many groups the birth of a child validates the marriage of the parents and raises their status in the community. This is true among the Japanese. However, in our society children are no longer an inevitable part of life; due to effective methods of contraception, they can be a matter of choice. Additionally, children, in most cases, are no longer a particular economic or social asset. Children do not help tend the livestock, harvest the crops, or necessarily support their parents financially or emotionally in their old age. Korbin adds that raising children is costly and even makes such necessities [illegible] renting an apartment difficult. Children are often desired by parents for purely psychological reasons – for what they can do for them (Korbin, 1977).

Among two-parent families, there is generally one parent who is the active abuser, or who more strikingly neglects the child, and another one who acts as an accessory by arranging or condoning, encouraging, or covering up the abuse and neglect. Maintaining the marital relationship intact seems to be the first priority, and the child's well-being is not considered (Kempe, 1978).

Korbin further states that for a woman to have self-esteem, she must have a role that is valued by her, as well as by her society. Many are dissatisfied at the sole role of homemaker/mother because they are made to feel that they are not a productive member of society. Child care should be a chosen role rather than ascribed because one was born a female. Men and women who choose to play a large part in the rearing of their children, as well as men and women who choose to work outside of their home, should have the support of their society in filling a valued role (1977).

Kempe believes that abusive parents were brought up with images of themselves as bad, worthless and unlovable. They were brought up to distrust an uncertain, unforgiving world where joy, approval and affection, either did not exist, or inevitably deteriorated into anger and punishment (Kempe, 1978). Therefore, a person's poor self-concept, his/her low self-esteem, is another factor contributing to child abuse and neglect.

Abusive parents do have trouble in turning to others for help, and in trusting others to help. They tend to be isolated, without friends and without confidants.

Thus, isolation is another factor. In a crisis, they seem to feel they must struggle alone; asking for help represents failure (Kempe, 1978).

A parent's social environment is a significant influence on the adequacy of the child rearing that the parent provides. Rocks' report (1978) demonstrates that when gorilla mothers are isolated from their peers, they have a striking propensity to mistreat their infants. When restored to the Simian community, these mothers perform adequately (Garbarino, 1980). In a study performed by Levine, of fathers in this country who are assuming the child care and household responsibilities while their wives work, he found that fathers feel socially isolated with only small children to talk to all day. The men are experiencing what women have experienced for many years.

Mead (1978) believes that wives need a nurturing man -- a husband and a father to help the mother care for the child. Young single mothers in Scandanavian countries are having problems rearing their children without a man, even though they are not suffering economically. However, Kempe disagrees: he states that single parents are less abusive than couples, which is attributed to the fact that a spouse who is not supportive is worse than no spouse at all when it comes to child rearing. One may hear a non-supportive spouse say, "Do something about your terrible son," and the other parent will take out the accumulated anger on the child.

Cross-culturally, others who are unable to break continuous contact with their children are most likely to react negatively towards their children. In a six culture study, the United States mothers were the only group that spent the majority of their time in infant care without others in the household, or nearby, to regularly relieve them of their tasks (B. Whiting, 1963, 1972). You no longer have the extended family willing to learn from grandmother or get her support. One would find in other groups, the father or the extended family assisting in child care. Bronfenbrenner (1970) states that state-organized child care in Russia and China fulfills many of the functions of the extended families.

In addition to lack of support, discrimination and mobility are factors that also contribute to isolation. When a parent's cultural background is very different from that of the community in general, this can naturally lead to a feeling of estrangement. The simple fact of isolation may make one cling even more to old values, seeing their loss as a threat to one's very identity. The helpless frustration of social discrimination contributes to long patterns of failure (Kempe, 1978). Because of high mobility, people find themselves over and over again a stranger in a strange place (Mead). In today's society one does not know one's neighbors – especially in low-income areas – because of a lack of trust, or because of fear. One can live in crowded conditions due to large or extended families living together and still lack support, as well as privacy. The parents living under these conditions would not be free from emotional drain, but instead would be overwhelmed by the daily burden of people draining whatever strengths and reserves they may have.

Lewis and Rosenblum (1974) and Frost's article (1974) show the influence that children have in shaping a relationship between parents and themselves. Even though many of us are not aware of this, children themselves and their characteristics are contributing factors to child abuse and neglect. It seems reasonable that the interactions of child and parent. and to some extent the child him/herself, is a greater influence on child abuse than has generally been acknowledged (Grodner, 1977). For example, child abuse could develop as in the following scenario: A child with a difficult temperament may receive parenting from "normal parents," which is inappropriate for him and which results in behavioral problems for the child. Parents are likely to react with increased discipline and/or tolerance of frustration. Chances are thus increased that the parent will not be able to control impulses or temper, which results in abuse and a reciprocal pattern of child behavior and parental abuse. Thus the child affects the parent who, in turn, makes the child even worse.

The observation that many abused children are, were, or have been difficult to handle, hard to tolerate, or obnoxious, etc., lends creedence to their playing more than the passive role many theorists have given to them (Grodner, 1977). Frost states that the mother who withdraws from a disruptive child or who reacts punitively tends to aggravate his disturbances, leading her to further withdrawal. The child initiates interactions, which in turn have a sustained effect on the caregiver and which have a self-reinforcing consequence.

It is common though not constant in abuse situations that only one child in the family of several is singled out as a scapegoat – the one being different from other members in the family (Williams, 1977), the child who is a constant reminder of a hated parent or spouse, or even a hated child-self. Fontana says in his book, "He's just like me. I was a bad child. My mother had to beat me, (and) I have to beat this child." (Fontana, 1973). Children with obvious physical anomalies such as hair lip, and cleft palate, or seriously retarded children can upset a non-understanding immature mother, who sees the child as another sign of failure in not being able to conceive a normal, healthy child. A factor needed to induce a bonding of love is a "fit" between those characteristics that a child is born with and the ones that parents are hoping for: sex, temperament, color, and physical characteristics. Also, the age of the child and the position in the family can affect the parents' expectations and how they interact with that child (Williams, 1977). Frost states that, nationwide, illegitimate children are twice as likely to die as legitimate children. Children must be loved and wanted if they are going to grow and develop well.

A study in Czechoslovakia recently concluded that children of mothers who had been denied abortions had significantly more emotional problems than children whose mothers had not sought abortion (Korbin, 1977). Premature children may cause disappointment, separation, and fear of creating a bond with someone who may not survive. The expense and worry of the child who seems fragile and remote may cause difficulty in the caring of this child. This can be exhausting to the potentially abusive parent.

Ideally, parents should protect children from a large number of harms and make sure they receive a variety of benefits. Obviously, parents should be required to feed and clothe their children. They also must comply with laws regarding compulsory education and child labor. Beyond these minimums, parents should provide love, affection, and a home environment conducive to the development of mental and emotional stability in their children. The extent to which a child reaches its full potential physically, socially, mentally, and emotionally is influenced by the interactions of parents, especially during those critical formative years, and throughout life.

This is AVANCE's purpose – the development of the whole child so that he can develop to his fullest potential and thereby contribute to society.

Commissioner Vowell of the Texas Department of Human Resources stated at the 1977 National Conference on Child Abuse and Neglect, "We must stop believing that parenting is a natural phenomenon. It is not; it has to be taught. Good parenting is learned." To be an effective parent one needs to learn more. At AVANCE, we focused on the concept of training parents to be good at their profession. AVANCE was the first parenting project that focused on that.

As a former school teacher I found out that I was in the wrong place because I was getting to children when it was too late, and they were already experiencing problems. I said to myself, "I'm going to get out of this school system and rather than teach children, I will teach parents to be better parents and make them realize that they are the first and most important persons that those children will ever have in their lives. That is why the AVANCE project starts with children who are under the age of three years, and works through the parent to get to the children.

The family cannot be allowed to withstand alone the enormous social and educational pressures society imposes on them. Beginning drivers today receive more education than beginning parents (Vowell, 1977). Many parents do not know age-appropriate behaviors for young children. They also have mistaken notions of how to rear children, how to encourage and guide them at different ages.

We conducted a study on the conditions and factors intervening with child abuse and neglect in our community. In this one area, we asked the parents, "When should children be potty-trained?" We got responses which ranged all the way from "six months old" to "four years old." It is just humanly impossible to potty-train a child at six months. When the child does not fulfill the expectations of the parent, this causes frustrations.

Another thing that we found in this AVANCE study dealt with ineffective child-rearing practices. The parents would come in with belts and say, "If my child misbehaves, them you use this on him." We are very concerned with teaching them effective ways of disciplining the children without using physical punishment. Laury and Steele both noted that battering is often the result of the child's failure to meet various parental expectations (Laury, 1970). Kempe states that we can start to recognize the nature of the parent-child relationship when we look at how parents perceive their children, their concepts about how a child should behave and what his needs are at that particular age. When a mother sees her child unrealistically, for instance, when she thinks her six-month old is willfully having a bowel movement at an inconvenient time, we know that there is something wrong with her perception of her child. When she is unwilling to revise this perception, and sees physical punishment as the way to teach the child how to do right, we know she is potentially abusive.

Abusive parents also see physical punishment as an appropriate way of dealing with their babies. They may be discouraged from spanking, when it obviously brings no success, but they truly see no alternative and grow depressed at their own behavior and their babies' responses. Helplessly, they continue in the same vicious circle: punishment, deteriorating relationships, frustration, and further punishment (Kempe, 1978).

Even though we have seen these cases among low-income families, I can cite the case of a woman who is considered a middle-class executive. She and her husband strongly believe that they should have a paddle available at all times and use it should their child misbehave. Not only do they strike the child once or twice when he misbehaves, but they keep striking him until his outburst subsides. The women feels that this an effective way because by that point the child will realize that is what she is going to do, and he will think twice before he misbehaves again. She sincerely believes she loves her child. After the spanking, she hugs and kisses him, and tells the child she loves him. My reponse is that you do not tell a child that you love him by your words, but by your actions.

These acts remind me of breaking a wild stallion's spirit. I wonder what that person is doing to that child emotionally?

Yet, there are many people in our groups who strongly believe that they are effective discipinarians. I have come to realize that the way the parent has been treated as a child is the way he/she will treat their children. In many cases such as this one, the disciplinarian will say, "I'm all right, nothing happened to me!" I think we need to look at that problem because many times these types of feelings are just left inside until one day they burst. Whether or not they take it out on that parent or the child, they will take it out in some other form such as crime or delinquency.

A convicted rapist in San Antonio had raped many women over a period of many years. He was finally caught and realized that he had these built-in feelings that he had never been able to express. He had been reared by a very dominant mother, surrounded by sisters who just took away every power that he had, and his father would not stand up against the mother. Eventually, through raping women, he got this sense of power that he lost as a child.

During the first three years, it is the normal developmental milestones, poorly understood and accepted by the parents, which account for most of the trigger crises in battering. Crying seems to be by far the most upsetting behavior, even though it is the normal way that the baby signals his need for attention. For example, in the mother's case just mentioned, the child would get a spanking with a paddle if he put his elbows on the table or if he did not do socially acceptable things. For many abusive parents, crying arouses intolerable anxiety that must be stopped. Perhaps these parents, who can rarely cry themselves, are put into touch with a long and intolerable desolation of their own early childhoods.

In the AVANCE program, we have one session in which the mothers reflect back to the way they were reared. For many of them, it is the first time they have been able to look deep into their lives and understand what happened to them. Some realize they had been slapped, beaten, and treated in this way and compare it to how children should be treated – with love understanding and respect. Hopefully, their children will not experience this treatment. In many cases, they were sexually abused. Some women cry – and mention that they had never cried before because they thought people had to be tough. They have learned to be tough in order to survive.

When the baby is difficult to feed, rejecting the bottle, or spitting out, an insecure parent may overreact, as if the baby's actions were a deliberate attempt to frustrate them. Toilet training accidents are probably the second highest intervening cause of abuse and attacks, and along with other normal autonomous behaviors, they seem to produce the greatest frustration in a parent who feels she cannot maintain control. It is the feeling of helplessness and lack of control, that so often leads to feeling rage and striking out.

Child abuse appears to be a response to the psychological stress, and child neglect is a response to the social stress, according to Kaduship (1974). Yet, the writer is under the assumption that child neglect is also a result of the lack of knowledge of child development or appropriate parent models. Consequently, the child may suffer nutritionally, or physically from an unsafe environment, emotionally or academically. She or he will not have the necessary skills to positively participate in and contribute to society, and this will be a contributing factor to another generation of potentially abusive parents.

Parents who lack child care skills need to know the basic knowledge of child care and development (Kempe, 1978). They also need to acquire the necessary child management skills, so that their children can develop to their fullest potential and grow to be healthy, happy, and confident individuals. Korbin states that children have little or no opportunity to perform tasks that are important to the welfare of the family and that give them practice in nurturance, responsibility, and altruism which will be required of them as adults and parents.

Lack of parenting knowledge and skills is one of the reasons so many fathers are not participating in the child rearing of their children. As a result of serving this need for parenting education, such as in the Mirasol Community in San Antonio, the AVANCE program has contributed to changing attitudes toward more participation by the father in the labor and responsibilities in child caretaking. Not only does the child benefit, but the father as well. He will learn from experiencing what women experience in rearing children, plus add a great deal of support to the mother.

Another factor, which Mayor Cisneros alluded to, is urbanization, with its structural and psychological concomitants. Urbanization appears to have an effect on the nature and quality of child rearing. Changes in household composition, availability of our alternate caretakers, and economic requirements of household members, are in most cases, associated with urbanization and industrialization. More women have economic responsibilities other than, or in addition to, child caring and housekeeping. To some women who are satisfied with their jobs, it may mean a higher self-esteem. To other women, more fatigue and more stress.

Another factor contributing to child abuse and neglect is the prevalence of violence in this country. Children are expected to become aggressive, competitive adults, and to be upwardly mobile. They are encouraged to be aggressive and to win as children–they are not punished for aggressive behavior. We value aggressive competive sports (Lystad, 1982). One sees and is affected daily by violence on T.V. Postman (1981) states that in its quest for a new and sensational ventures to hold its audience, T.V. must tap every existing taboo in the culture: homosexuality, incest, divorce, promiscuity, corruption, adultery, and terrible displays of violence and sadism. As a consequence, this becomes as familiar to the young child as to the adult (Lystad, 1975).

Lystad states that, the social structure theory of family violence involves the socialization of aggression. According to this theory, parents who punish more severely produce children who are more aggressive. In turn, these children tend to punish their children more severely. This goes with the saying: Violence breads violence. Punishment both frustrates the child and provides him a model. Walter (1975) finds the roots of child abuse in our heritage. When we change our behavior models of violence toward children, the problem of child abuse will declien and then disappear.

Most murders, typically seven of ten, are committed by individuals known to each other, ranging from married partners to acquaintances. Goode pointed out that one reason inmates commit violence against one another is that they are in each others presence a great deal, and few others can anger so much as those who are close (Lystad, 1975). And not only close, but one to whom they feel they can do it. They cannot do it to the boss or to other people outside their homes. Both Milowe (1966) and Steele and Pollack (1968) attribute abuse to lack of adherence to expected obedience and conformity in behavior (Williams, 1977).

Fontana (1973) described the early lives of a number of famous killers of our times, showing the extent to which such persons as Sirhan Sirhan, James Earl Ray, Lee Harvey Oswald, Arthur Bremer, and others were maltreated as children (Polansky, Hally, Polansky). The literature indicates that about 85% of the jailed inmates have been abused as children. Ten percent of abusive parents are seriously mentally ill with personality disorders, criminals or sadists, or addicts or alcoholics who are suffering psychological problems (Fontana, 1973). The majority of the child abuse cases, however, can involve any one of us who can change from rational, intuitive actions to irrational, instinctive reactions –– given the right set of circumstances.

When the health of the parent suffers such as when she is tired or sick, this also affects child abuse and neglect. When all these factors come together, in addition to a lack of support while the parent is under stress, that parent will reach a certain tolerance level. She/he could react by either striking at a child or striking at a spouse. We need to examine those conditions and factors, which can exist in any community and deremine how we can deal with those problems and alleviate them. The abusive behavior may be caused, not only by one problem, but by a set of problems, which may all exist in one single family.

In an interview with the San Antonio Express Newspaper, I was asked, "You have a very stressful job. You almost lost your funding, you are co-sponsoring this conference, you have so many people under you at several centers, Do you abuse your children?" I answered, "To begin with, I know better. I have my education in child growth and development. I would think twice. I have a very supportive husband who helps me, not only in the rearing of my children but in supporting me in the work that I do. I also have a high tolerance for stress. Some people do not. I have learned how to cope with stress. Learning to cope with stress is one of the areas that we teach. Financially, I am more able to buy child care, to get away from my frustrations at times and to be alone, away from the children, because it can be frustrating to be with them every day. I enjoy my job, and I have a pretty good self-concept. All these are factors that make me different. But if you start taking away those things from me, I will start reacting accordingly.

My husband was away on business for two weeks, and I lost my support. I had to be mommy and daddy during this time while I was attending graduate school. I had to go to meetings and do so many things. I did not strike my child buy my voice went up, and as soon as my husband came back, I was back to my normal self. These pressures and tensions do affect us, and it is a normal response. It can happen to any one of us.

Many people do not believe that abuse is throwing objects at children, which happened to me when I was a child. I was not abused in the sense of becoming black and blue, or being sent to the hospital, but certain child rearing practices that my mother used are considered abusive today. I was very fortunate that it did not cause permanent damage, which it could have. But at the same time, even though it was done only once in a long while when she lost her cool because of the surrounding circumstances, my mother did surround us with a great deal of love, support, and guidance.

There are many factors contributing to child abuse and neglect, and it will take more than one solution to treat and prevent it. Kempe and DeFrancis suggest an interdisciplinary approach where all fields: education, health, social, judiciary, psychiatry, government, and business, join together in the prevention and the alleviation of child abuse and neglect. Gil recommends prevention by mustering a cooperative effort from individuals, families, neighborhood communities, cities, states, regions, and the federal segment of our society. In conclusion: Fontana states "Our society cannot be healthy as long as parents, families and children are unhealthy."

Carmen Cortez

The following discussion is specifically related to the AVANCE Parent-Child Education Program experience how AVANCE came about, and how we, the program administrators and staff, realized that we were dealing with child abuse and neglect.

The AVANCE program of services which has been in operation in San Antonio, Texas for nine and a half years is a center-based parenting education program with some homebound activities. Every year revisions and additions have been made in terms of approaches, structure, and procedures, as the needs, interests, and the con-concerns of parents and the children were realized by the staff.

The staff has been a very important factor in bringing about these changes because it is directly from the community. The number of staff has grown, and every time we have added personnel, it has been somebody who has come out of the community and has graduated from the Program. The staff is, therefore, very sensitive and aware and can sympathize with the clients which the Program serves.

Although these changes do not become apparent in a chart format they have consistently occurred on a regular basis. The program administration has been sensitive and flexible enough to integrate new components and activities into the basic line of services.

To reflect upon all these changes, one needs to go back to the initial implementation of the Program. Originally, in 1973, the AVANCE Parenting Education Program approached the problems relating to poverty through the prevention of academic failures. We were going to cut down the dropout rate by implementing a parenting education program. In the process of preventing educational handicaps and developmental delays in young children, it was discovered that many more issues were involved. One of the very first realizations was that AVANCE was preventing more than just academic failures. Unintentionally, but fortunately, it was also dealing with child abuse and neglect.

After informal discussions comprised of weekly class meetings of parents, parents are able to relax and engage in candid conversations with each other. Informal toymaking sessions also make up part of the Program activities. Later, they are introduced into a more structured situation with the teacher and discuss specific child growth and development issues. In this type of setting, AVANCE knew it was preventing the reoccurence of child abuse and neglect from one generation to the next, and in some instances, within the present generations.

Through repeated experiences, it also became evident that in order to prevent the reoccurrence of abuse and neglect which had already transpired, additional support systems had to be provided besides AVANCE. Some of the clients needed so much more support that other –– their needs were all different. There were some that needed a great deal of economic, emotional, and physical support systems. For example, some did not have money to pay the rent or a place to stay. For some clients it was not enough to come in for ten months or two years –– they needed three years. Perceiving all these differences, we decided to do something about it.

At that point, about 1975, we realized a need to expand our program, and we have been expanding in this particular area ever since. These clients had many more personal problems and obstacles to overcome than the average high-risk parent. A related aspect was an awareness, realized very early, that the parent could not inculcate positive feelings within the child until he first felt good about himself. This premise relates back to the self-concept of the person. Parents were entering the program with very low self-esteem, negative self-concepts, and no self-confidence. Thus, intervention activities had to provide settings that would alter this type of self-identity. Experiences, information, and training all had to be carefully interrelated to create feelings of control over the self, surrounding events, and other people. When a parent begins to believe this, he can then transmit these positive feelings to the child. A sense of accomplishment and personal importance had to be felt by each client in order for him to effectively apply the new information about parenting.

This leads into the notion that in order for the parent to help his child, he must first help himself. Knowing that the majority of the clients had dropped out of school, steps were taken to provide on-site G.E.D. classes. These are services beyond those that we are paid for and that we provide regularly. In making these services available. AVANCE realized that the acquisition of the G.E.D. was not sufficient in producing the desired results. The economic conditions of the family were greatly affecting the stability of that social unit. More opportunities, which would reduce the economic pressures, had to be found. Thus the Economic Development Project was conceptualized.

Other changes which have occurred in the course of nine years have also included the following: Originally, AVANCE was a two-year program, during which time clients attended class once a week, and that changed to weekly three-hour classes and included a program of community resource awareness for developing self-help skills. We wanted to instill a sense of selt-sufficiency, and a sense of independence, not dependence upon us. We were there as comfort, as security, but we did not want them to rely on us day and night. That awareness of self-help required the program to establish an extensive effort of networking and coordination with other human service providers. We could not do it all, but we did know how to get other people there to help them. This meant that we had to get in contact with everyone in the community, inform them about AVANCE, invite them to come in, do the outreach with the other providers and bring them into the center so they could provide services.

Other activities have addressed basic social needs of the clients by instilling a sense of group identity. In the beginning, activities included wearing AVANCE T-shirts, made for both parents and children. They celegrated mom's birthday in class and graduation at the end of the course. To that has been added a community Halloween parade, a big Thanksgiving dinner in a community hall, a big Christmas Party, for which the Marines collect toys for every single child, an Easter egg hunt and picnic, and a King and Queen contest.

Again, this involves work that the staff does on its own time. It means that they have to go to all the H.E.B.'s in town, meat markets, and candy stores, for donations. Everyone gets involved in baking cakes or 150 cup cakes; whatever it takes. We have also been successful in getting tickets donated for various functions sponsored by the city such as the circus and the rodeo. That is what it takes to develop a good feeling about the self. Everybody participates and this has contributed to the development of a positive self-identity and positive parent-child relationships.

Changes have also been made in other components in order to better serve the clients and address their needs more adequately. The children's services are becoming more structured, stimulating, and accountable, for the desirable growth and development that AVANCE advocates. Through the examples which the parents provide, learning and behavior problems in the children will be prevented. For the same reason, the Home Visiting Program is also becoming more refined and responsive to special needs. The more experience AVANCE has gained, the more services continue to change to become more adequate and cost-efficient.

Since 1973, the center-based Parenting Education Program activities have multiplied as interest and concerns are expressed by the clients. If a need becomes manifested, AVANCE obligates itself to meet it. The National Demonstration Project, Child Abuse and Neglect-Prevent (C.A.N. Prevent) grew out of concern and awareness, as did the Economic Development Program and the Homebound Parenting Education Program.

The Economic Development Program grew out of an intuitive assessment of a need. No one came in with a lot of figures, but we knew those needs were there. Through the C.A.N.-Prevent project, we were able to verify these needs statistically. The original effort to create the Economic Development Program was implemented in January of 1982 and carried forth with no formal monetary support. As of this month, it has received backing from the Texas Department of Human Resources and the City of San Antonio.

Until the fall of 1982, the AVANCE activities which I have been describing were all part of a center-based program. We are now starting a brand new Homebound Parenting Education Program which will provide services for the clients with child abuse and neglect problems. We are going to integrate the existing services in the center with the homebound parenting education effort. For that particular project, we have started out very small with hopes of expanding it later, as we have the center-based program.

Only one aspect of the organization has remained relatively unchanged throughout the entire evolutionary process: programmatically, the recipients of the AVANCE services have remained basically static. This fact has probably acted as a stabilizing force, up to the present. In the earlier years, the majority of the women were welfare recipients. Within the last four years that base has broadened to include just as many women who are not on welfare, but considered at poverty level and below. Parallel with that is the number of single-parent and two-parent families.

The population targeted for AVANCE services has been a very low-income, low-educational level, minority population of women. The probability of the group being high-risk for a significant number of social, physical, educational, and mental health problems, is extremely high. The success of the program has been remarkable in view of the special problems and needs inherent within the group. Speculatively speaking, although the unchanged target population was necessary in the first ten years, it may not need to ramain as such in the second decade; in fact, it should be broadened to insure health, and continued growth of this organization.

In continuing the discussion of the changes which have occurred from the original implementation to the present, perhaps the most popular point of review deals with economics. The question of funding has been foremost in the minds of all interested in providing services. The funding sources first included a private foundation providing seed money for two years. In this particular case, it was the Zale foundation in Dallas, Texas.

In the third year, the Texas Department of Human Resources (TDHR), assumed funding of the program under Title XX, Emergency Family Services. After three years of operation, AVANCE was granted, in 1976, participation in a child care food program to feed the children. The funds for that program have remained constant to date. What was unusual in the interim between 1975 and 1978 was that the Zale foundation continued to support the San Antonio AVANCE effort with matching funds for the primary provider, which became the Department of Human Resources. This came about as a result of the resounding success of the AVANCE Program in San Antonio and the severity of needs that still remain to be met.

In the third year as a funding source, in 1978, the TDHR provided 70% and the City of San Antonio began to provide 30% match monies for parenting education. That funding status remained stable for four years. This year it will change as city monies will not be used for matching funds, and emergency family services from the Texas Department of Human Resources have been eliminated. Funding from that agency will continue in two new areas which include the small grants for the Economic Development Program and the grant for the Child Abuse Homosexual Parenting Education Program.

The funding of the National Demonstration Project for three and a half years, since 1979, was of prominent significance for this organization, acting as a turning point for the growth and the future of AVANCE. The benefits of the short-term funding will continue for many years. Through that grant, the organization gained credibility through a formal evaluation and research of the community and perpetuated itself through the AVANCE curriculum materials.

In summary, two observations should be especially noted. First, it has taken a combination of private money, public city, state, and national grants, and local private community monies to maintain this extremely important effort which for many has been the lifeline in the community. No one source has been sole support of these services, but rather all sources have played a major role in providing the needed services. Second, on the average, at least every three years a new stable source of funding needs to be obtained if the organization is to continue to grow. Money for social services and especially for the poor is never enough and never permanent. The search for sources and expansion must always be an on-going activity. That issue of economics is probably the most difficult one to overcome if you are responsible for the money in your organization. For us, it has been a challenge for every staff member, client, and board member. It has been a learning experience for us, but we have learned well.

In retrospect, two other areas merit discussion. Especially for those of you who are interested in the mechanics of establishing a strong grass-roots organization that must meet the needs of a high-risk population. Problems such as child abuse and neglect cannot be dealt with unless the organization or agency carrying out that mission has proven capabilities to survive and overcome overwhelming odds. To do this, AVANCE has managed to gain acceptance, respect, and credibility as a result of five major facets: one includes the leader, or the head. The type of personality needed is a very aggressive, very forceful, very committed, and very dedicated person. In reflecting on the Parenting Education Program that was in San Antonio and comparing it with those programs in other parts of the state which started about the same time and subsequently folded, I noted they had directors every two years or so and did not have the continuity that was needed for survival.

Third, the organization needs to allow itself to move naturally form one area into another. It should not be restricted or limited to achieving one minor objective. Accept the fact that there are other needs out there and your ability to meet them if you have been dealing with the people effectively.

Another facet is gaining acceptance with the community at large: in all areas of the city with many types of service providers, you must prove yourself and show that you are indeed providing adequate services and truly interested in serving the community. Another facet is that the staff also serves as a stabilizing force. We have an extremely low turnover in staff because we have recruited staff from within the program and from within the community. Once they come, they stay, and they have served as role models, as incentives, and as motivators for the rest of the clients.

We are moving towards self-sufficiency, hoping that some day we will not have to depend on so many federal grants and other public monies.

INNOVATIONS THROUGH THE PARENTS ANONYMOUS CHILDREN'S TREATMENT PROGRAM

Leonard Lieber, M.S.W.
Co-Founder, Parents Anonymous
National Director
Parents Anonymous
Torrance, California

My career began close to twenty years ago. I was twenty-six years old at the time and saw abused and neglected kids, as a poor people's social worker. After I got out of graduate school in May of 1965, I began a career as one of the most successful social workers in Los Angeles County because I knew how to place children faster than anybody else. I had a record of being perhaps the most prolific placer of children for Los Angeles County Department of Social Services. It was basically a matter of knowing how to manipulate people, which I did very well. I could also keep track of where the spaces were in the foster homes we had; that was the therapeutic tool which we used in 1965.

In the first case I ever was assigned, placement was imminent. I went to the Salvation Army to get the family a refrigerator; I did everything I thought I had available, including getting a homemaker in, but eventually I had to place the seven children in four foster homes. I have not looked back into the case records because I do not want to find out what has happened to those kids. I do not have the courage to see what happens when you take seven kids and split them up into four separate homes.

By the time 1966 rolled around we had a specialized protective services unit that was the elite corps is Los Angeles County, so I went from child welfare to specialized protective services. There were six protective services workers in Los Angeles in 1966, a county of about six million people at that time. My territory was from the Pacific coast on the west to the Orange County border on the east. We six people had a better sense of what we were doing, then, than the three or four hundred social workers doing protective services now in 1981 in L.A. County. We were somebody. We were identifiable. If we needed help, everybody jumped in to help us out. There were things we had available to our egos then, that people do not have now. If nothing else, we were helping the community become more aware of its own responsibility to get involved on behalf of families. It was fun.

In 1967, having being burned out personally from a year and a half of being a protective services worker and watching Watts, where I was stationed, go up in smoke, I went to work as a supervisor at McClaren Hall, which is for the most badly neglected and battered kids in L.A. County. At about the same time, I became a parent, and I cried when I occasionally had to go through the hall just looking at some of the kids who were in from the hospital healing from some of their wounds. I started hating parents who abused their children because I could not, for the life of me, really understand how people could do that to kids. That was basically the feeling that most social workers in L.A. County had at that time. It was us versus them, and we were going to protect those little folks because who else would?

I quit that in 1968 because I could not handle it anymore. There were no answers; nothing seemed to be in the offing as far as improving things for myself or for the system. I went to work for the California State Department of Mental Hygiene. Near Christmas of 1969 I met a woman by the name of Jolly K who had been referred to me by a protective services worker, an old chum of mine. She referred to me because a children's mental health agency saw her and told her she would have to wait six months on their waiting list for her child abuse problems. She in her own fashion started banging on the counter and said, "If you don't do something now, you'll be responsible for what happens, because I'm not responsible for what I do anymore." They got scared and called protective services. I was to evaluate her for the bobby hatch, and I realized she was not much crazier than the rest of us. I started seeing her in therapy a couple of times a week, and her target child once a week. After two months of that we both realized it was a waste of time because I was not really helping her. Very simply, I said "Lady, if you've got some ideas, you better tell me because I'm not getting anywhere, and you may as well go somewhere else because we're not going to resolve anything." She did say that if we could get together with somebody else like her, perhaps the two of them could figure out what they were doing wrong and then maybe figure out what was right and go from there.

I got her connected up with another woman I was seeing, a verbal-abuse type person. We had a lot of laughs the first time we met, and as history goes, we moved the counseling into Jolly's house, found a permanent place to meet, and just kept adding people through an ad in the personals for: "Moms who blow their cool with their kids." We called it "Mothers Anonymous," and we got calls from a great number of people, all of whom knew what that message was. At that time, of course, child abusers were not people who were supposed to sit around and ask about how they abused their kids, but we did.

The program was picked up by media, and people around the country got interested in it. There were a few groups of Parents Anonymous, as it was called, from 1971 through early 1974. It was just a tiny program with Jolly doing much of the public relations and relating to people within the system. In 1970, there were virtually no parents voluntarily calling and asking for help for child abuse problems. They were fearful, because you did not talk about your own child abuse problems unless you got caught. And child abusers are very skilled at not getting caught. In 1972, we were featured on national television in a show called "Children in Peril," which featured our prison group. Word got out to the public that child abusers are people who actually cry, and get angry without killing their kids; it was a breakthrough. In 1973, Jolly became the first parent in the United States to publicly admit in front of a congressional hearing on national television that she was a child abuser. That was featured on the Cronkite news, and it was helpful in getting people to understand that someone could be a human being and still do awful things to their children.

In 1974, after a small seed grant from the W. Clement and Jesse V. Stone Foundation to the first self-help effort in child abuse, the Parents Anonymous National Office slowly began operating just prior to the establishment of the National Center on Child Abuse and Neglect. The Office of Child Development (OCD) gave Parents Anonymous a grant, an annual grant then, of $200,000 to go national with the program. Funding has continued from OCD and now comes from the National Center.

Seven years after the seed grant, we had approximately 1,200 to 1,500 Parents Anonymous groups mostly in this country, with substantial numbers in Great Britain and other countries, as well. In 1974, we were obliged to go on the road and do technical assistance, and we found most people in the profession not interested in doing self-help, because there was not much money in it for anybody. In 1975 the National Committee on the Prevention of Child Abuse and Neglect and the National Center, as well, started getting into the media. People all over the country became more personally aware of various forms of child abuse and how it affects their own families, people on their block - - everybody. From 1978 to 1981 there has been burgeoning of child abuse as an industry, as a racket. The crooks, the frauds, the hucksters - - everybody is getting into it because it is big business. When there are several hundred million dollars available in the private and public sectors, you will find people offering all sorts of things that they believe work.

Organizational Background Of Parents Anonymous

The Parents Anonymous Organization is now the world's largest child abuse public education and treatment program. To date, over 200,000 families have received direct services from P.A. national, state, and local programs, which are rooted in the concepts of self-help, volunteerism, and a partnership between consumers and caring community persons.

Currently, there are some 15,000 families participating directly in P.A. programs worldwide, while another 20,000 families are involved "by phone only." During 1982, all of the national, state, and local Parents Anonymous organizations and affiliates will handle more than 100,000 calls from parents in stress and professionals seeking P.A. assistance for families in need of child abuse prevention and treatment services.

Funding to support all levels of the P.A. program has reached $1,000,000 annually, Yet the cost to serve each family remains at about $50 to $75 annually. This is because the P.A. network contains some 7,500 comminity professionals and lay persons who donate their time to provide some ten million dollars in in-kind services. Such assistance is in the form of:

> "sponsorship at P.A. meetings by over 1,500 human service professionals, educators, ministers, et al, who assist in their search for answers to child abuse problems;
>
> therapeutic children's group volunteers, including college students, service club auxiliaries, auxiliary members, and other community people;
>
> P.A. Board of Directors membership assistance from business leaders, professionals, and lay persons;
>
> cost-free meeting rooms for P.A. parents and children; and help to P.A. programs with publicity, transportation, fund raising, publications, etc., from hundreds of lay persons as

individuals or as members of groups including church auxiliaries, Junior Leagues, Council of Jewish Women chapters, Junior Women's Clubs, Kiwanis, Exchange Club, "et al."

Nearly half a million people are now voluntarily calling hotlines and helplines – local, state, national – all over the United States asking for help for their abusing problems. The irony is that we are now facing a time of cutbacks in funds and we really do need to use the telephone to get connected. We also have seen a huge growth in the number of children's programs in low-cost operations.

The P.A. program is now developing a national children's treatment project, so that communities everywhere will have information and guidance on how to establish very low cost, high quality services for abused children and teens. These will also come via a volunteer/self-help oriented philosophy using a minimum of dollars for basic costs to underwrite a creative effort to break the cycle of child abuse in the next generation.

Background And Stated Need For The P.A. National Children's Treatment Program

During the past several years of funding from the National Center on Child Abuse and Neglect, the Parents Anonymous National Office has been able to directly support the activities of P.A. state office development and operations through funding awards of up to $4,000. As a result, the goal to support growth of the program along regional lines, with local control, has been realized in most of the fifty states.

The P.A. network has brought into its fold outstanding professionals, community leaders, consumers, et al., who have become part of P.A. state and local boards of directors and advisory councils. Several thousand volunteers are now donating many thousands of hours of their time to P.A. activities in hundreds of American communities every week. This has continued to improve the quality of the program and maintained a high degree of cost effectiveness. It has also proven the need for, and effectiveness of volunteerism as a main ingredient in the success of a human services/self-help program, which must still rely on some degree of financial support for overall program coordination.

At the same time, while the P.A. program has been providing secondary and primary prevention services to parents with abuse problems, as a clear and stated mission, in over 1,000 groups nationwide, the needs of children (in P.A. families) have become a concern. As a planned or serendipituous outgrowth of P.A. chapter activities designed for parents, some programs for children have been developed. The form may be "therapeutic child care," a teenage P.A. group modeled after a parents' group, a play therapy group, etc.

In any event, nothing has been fashioned in an organized manner on a national or regional basis to formulate a plan for P.A. children's groups, to collect and compile data on any children's services, or to make available to any American community the information needed to establish low-cost, high quality programs for abused children everywhere.

Though work will continue at national, state, and local levels to develop and support self-help groups for parents, hundreds of volunteers, lay persons, professionals, and parent consumers in the P.A. program are now interested and prepared to advance toward a new challenge in the Parents Anonymous program. This challenge is to use volunteerism, self-help, professional expertise, American pragmatism, and a modest fund of coordinating dollars to begin a national network of children's programs to ultimately equal the scope of the P.A. program for parents as it is now developing.

During the grant year of March 1, 1982 through February 28, 1983, the Parents Anonymous national office will coordinate the beginning development of community programs for abused children (approximate ages 2 years through 18 years). These groups will be developed in communities known as sites. Thus, several groups may be established in any one site. Services will be available for children of P.A. members, participants in programs for sexual abuse, e.g., Parents United, and, with parental permission, young persons who may wish to obtain services on their own.

During the first year of funding, no less than 30 sites will have been designated as part of the project. Activities, in varying degrees of development, will be under way in every site. The P.A. national office will make available to any one site no more than $5,000 to develop a children's program. It will also assure financial accountability for site expenditures under its corporate structure if recipient site coordinators are not part of an incorporated body.

In addition, a children's program manual will be initiated, describing the nature of the over-all program, specific projects, and other data, allowing for rapid program expansion, nationwide. This has been the case with the P.A. Chapter Development and Chairperson Sponsor Manuals developed in 1974-75.

Parents Anonymous Childrens Groups

The P.A. national office staff will identify a minimum of fifteen sites throughout the nation to establish programs as formal extensions of the P.A. chapter program now existing. Locations will include large metropolitan communities, mid-sized cities, small rural towns, U.S. military bases, and Native-American communities. Programs developed will also include specific services for children of ethnic minorities, including Black and Hispanic-American youngsters.

Each program will be designed to offer every child a protected environment, staffed by volunteers, in which he or she can spend several hours per week to develop positive self-esteem through age-appropriate activities. These activities may include role-modeling, therapeutic play techniques, positive feed-back from peers and adults, individual and group counseling appropriate to age level, peer-led discussion groups, and pre-parenting education by trained and community-sanctioned expert professionals or paraprofessionals.

Besides services already available in pre-existing Parents Anonymous groups, parenting education for parents of these youngsters and teenage parents will be made available through community resources, as will other services aimed at improving family relationships, preventing family disintegration, and reuniting those families whose members are living apart.

Physical locations for P.A. children's groups will include those facilities deemed suitable by local and national P.A. staff. They may include special rooms in churches, community centers, YWCA's and YMCA's, etc. The criteria for selecting sites will include several of the following:

1. an active P.A. parent group (s) and other potential referral resouces
2. established working relationships between site staff and human service agencies, e.g. social services, mental health, family court, police, schools, probation and private agencies
3. an active community family stress or child abuse telephone line
4. an ample or potential supply of community volunteers via colleges, service clubs, churches, Foster Grandparent units, etc.

Funds from the Parents Anonymous national office grant will be made available to site staff based upon criteria which will include:

1. initial approval of the site by national office staff via an on-site visit
2. evidence of written community report for the project, and
3. written agreement as to a mutual understanding of how funds will be allocated and for what purposes they will be sent.

It is anticipated that the most immediate and important commodity for the P.A. children's programs will be coordination by a designated individual, one whose appointment is approved by all parties concerned. Criteria for children's program site coordinator will include:

1. professional or paraprofessional background in the field of child abuse and neglect
2. training for and/or work history with abused children and their parents
3. working knowledge of self-help programs, and
4. background in utilization of community resources and volunteer participation.

It is expected that any chosen coordinator will be on a part-time basis until or unless other funds are available. The coordinator may also be on another paid assignment for which this role would be a key segment of an over-all job description. It is also possible that the coordinator may volunteer his or her time on the assignment, thus freeing available funds for other expenditures.

Funds given by the P.A. national office would not be designated as salary, per se, but as consultant fees, if that is how they were reported as used. Historically, P.A. monies seem to have been best spent for moderately priced coordination. In this regard, we expect that a large fraction of program funds will be for coordinating services. Other items which may be included are communication services (telephone, postage), part-time clerical support, food for children's groups, and transportation costs. It is also anticipated that the awards (up to $5,000) may be matched by locally raised funds, as has been the case with state delegate office funding. However, matching monies will not be a condition for a site to receive national office grant monies.

Children Helping Children Program

One of the main elements in the success of the self-help, peer-oriented, Parents Anonymous program has been the opportunity for parents to work together in aiding each other and educating the public to support the needs of abused families.

During the past few years, the P.A. program, not specifically designed to directly treat sexual abuse, has developed a working relationship with programs which serve that function. Most notable among these is the self-help oriented Parents United program with its children's units of Daughters United and Sons United.

In some communities, e.g., Pittsburgh, Pennsylvania; Wilmington, Delaware; Olathe, Kansas; and others, P.A. staff and volunteers have become involved with the development of the Parents United program, as a complimentary service to the Parents Anonymous program. It is believed that an opportunity now exists to bridge the gap between the two organizations' participants by developing a children's program which would include participation by young people in companion groups for those under age twelve and for older children, all of whom would come together in their own groups, from the separate parent treatment programs.

The focus on activities would be similar to the proposed P.A. children's groups (see above) but would add some unique and valuable considerations which include:

1. providing a population of children who could voluntarily bridge the gap now existing between sexual abuse and other child abuse serivices
2. helping design prototype prevention programs through peer-developed activities with assistance from skilled community professionals and leaders
3. beginning a dialogue with the community-at-large through the advent of P.A., Daughters United, and Sons United speakers bureaus
4. generally, providing a broad new body of knowledge via program-developed materials (children's program manuals) available to those persons engaged in the prevention and treatment of child abuse and;
5. with anticipated favorable media support, many Americans would be made more aware of the benefits of volunteer-oriented, cooperative, self-help, low-cost, peer-oriented activities designed to enchance the quality of life.

Criteria for selection of sites for the development of Children-Helping Children programs will be similar to P.A. Children's Groups. It will be necessary for both Parents Anonymous and Parents United parent's programs to be operational prior to site selection.

Criteria for selection of a coordinator would be the same but with additional features including:

1. a thorough knowledge of the dynamics of sexual abuse as well as other forms of child abuse and
2. a commitment to work toward collaborative efforts joining children from families of both programs.

Henry Giarretto, Ph.D., Executive Director of Parents United, Inc., has pledged full cooperation in developing this proposed project and foresees positive results from such efforts.

Funds will be made available in amounts up to $5,000 per site, for no less than 15 sites, nationwide. Accountability will ultimately rest with the P.A. national office for site expenditures which, again, will follow similar lines as in the P.A. children's program. It is our intention to make available no more than $10,000 to the office of Parents United, Inc. for national coordinating services from that program. These funds will help to facilitate communication throughout the Parents United network and cover whatever costs are needed to underwrite the full technical support of and by Parents United staff.

As a means to adequately place both P.A. Children's Program's and Children Helping Children Programs in as wide a geographical range as possible, it is anticipated that very few sites will be within the same state or metropolitan area. An exception may be where either a state is larger and diverse, e.g., California, or where two sites will share an award.

Cooperation With Other Organizations

It is planned that the growing collaborative relationship between Parents Anonymous, Inc. and the National Committee For the Prevention of Child Abuse and Neglect in Chicago, Illinois will be reflected in this Children's Programs Project, Anne Cohn, Executive Director of the National Committee and P.A. national staff have agreed that National Committee state and local volunteers will have and opportunity to become directly involved in the children's programs. They may assume roles of community advocacy, directly involve themselves in children's groups, develop community resources, present pre-parenting or other educational materials available through the National Committee, or become involved in any number of tasks needed from skilled community volunteers.

Junior Leagues and Junior Women's Club members, who have long expressed an interest in child abuse services to families, will be invited to directly participate in site development and/or in the dissemination of information gleaned from this project. The latter will quickly facilitate the introduction of the children's group framework to many communities in the same fashion as was done with P.A. parents groups during the past several years.

Projects such as The Illusion Theatre in Minneapolis have developed special materials and creative ideas for the treatment and prevention of sexual abuse. Expertise from that program, the Bubbylonia Encounter in Kansas, and others will be consulted for their expert assistance. In-house materials developed by Parents Anonymous national staff, including the *Standoffs* and *Why Does it Hurt to Be You?*, will be made available to every participant in the children's groups program, as will a booklet (s) on child sexual abuse to be developed or selected from materials now available through other sources.

Cooperation And Support From Parents Anonymous Organizations

The intent to move from delegate office funding to children's programs is a momentous one for the P.A. organization. Much thought has been given to such a new direction and how it will impact on P.A. state and local organizations. Redirection of funds from development of the "Classical" P.A. Program will not reduce the development of the overall Parents Anonymous program. Rather, it is believed that an investment in a children's program will actually heighten community interest and support, develop a new population of interested volunteers and expanded funding base from private and public sectors, and renew the commitment of participation in their own groups by thousands of P.A. families and volunteers.

V.
SPECIAL TOPICS IN CHILD ABUSE AND NEGLECT

THE CULTURAL DIVERSITY OF INDIANS AS IT RELATES TO CHILD ABUSE AND NEGLECT

Warren Weller
The National Indian Child Welfare
Resource Center of the Native
American Coalition of Tulsa, Inc.

In October, 1978, the Native American Coalition of Tulsa received a major grant from the Office of Human Development of the Department of Health and Human Services to establish a National Indian Child Abuse and Neglect Resource Center.

The National Indian Child Abuse and Neglect Resource Center provides a centralized location and serves as a channel for dissemination of Indian-specific child abuse and neglect information. The project also encourages Native American participation in the prevention of child abuse and neglect by providing basic education to tribes and Indian organizations, nationwide. The Center also contacts professional organizations and service delivery systems for purposes of initiating awareness of the cultural complexities and diversities of Native Americans. This enables Native Americans to enhance the quality of existing services.

Having recognized that there exists a serious inadequacy on the part of existing child abuse and neglect services to properly deal with Indian-specific child abuse and neglect problems and issues, the National Indian Child Abuse and Neglect Resource Center has been established. The Center is charged with enhancing the adequacy of current child abuse and neglect services -- primarily through sensitizing significant publics to the cultural and linguistic diversity of the American Indian people. When this sensitization is accomplished, more effective services to Indian people will result.

In addition, the Center is programmed to serve as a vehicle for participation of American Indians in child abuse and neglect prevention programs. This direct participation will result in local education opportunities for concerned Indian professionals and paraprofessionals in the area of child abuse and neglect. As we learn more about Indian-specific child abuse and neglect causes, symptoms, and treatment modalities, we can begin to improve the adequacy of existing child abuse and neglect services to Indian people. Lastly, the Center has made important inroads into the communication links of the national child abuse and neglect effort. The Center produces Indian-specific child abuse and neglect research papers and provides training opportunities for non-Indian child abuse and neglect workers throughout the country. Both of these efforts emanate from the Center which results in maximum utilization of these resources.

We feel strongly that the importance of the Resource Center lies in its long-range potential for interrupting the child abuse and neglect cycle and for providing Native American communities with professionally trained leaders and informed followers who have the determination and the skill to solve their own problems. We further realize that this goal cannot be achieved by a Resource Center alone, but it cannot be achieved at all without a relevant and purposeful effort, such as the Resource Center. This project is in direct response to the vast importance of overcoming Indian child abuse and neglect and also the importance of enlarging the body of child abuse and neglect knowledge. To achieve our goals, a wide variety of approaches and materials are desperately needed. The Indian youth of tomorrow must have a better chance for a higher quality life.

There is no simple solution. This type of project and strategy must be utilized. To continue with methods and materials which proved ineffective in the past is an invitation to failure. Indian child abuse and neglect program development must become a process of harmonizing parenting goals and social aspirations at the Indian community level. The objectives below will help us reach that goal:

1. To establish the first National Indian Child Abuse and Neglect Resource Center in Tulsa, Oklahoma.
2. To enhance the adequacy of current Child Abuse and Neglect Protective-Services through education of special needs, cultural, and linguistics diversities of Native Americans.
3. To provide basic education in the identification, prevention, and treatment of child abuse and neglect to American Indian groups, tribes, and programs.
4. To develop specialized Indian-specific resources, manuals, audio-visuals, and other training guides and materials in the recognition, identification, treatment, reporting, and follow-up of Indian child abuse and neglect for use by Indian tribes and agencies as they develop programs and services in this area, and by non-Indian agencies to sensitize them to the special cultural, traditional history, and needs and concerns of their Indian clients.

The establishment of the National Indian Child Abuse and Neglect Resource Center in Tulsa, Oklahoma in 1979 was an indication that the U.S. Government finally recognized that there were unique considerations to be taken into mind regarding Indians when addressing the issue of child abuse and neglect. What elements in Indian history, culture, psycho-dynamics, and socioeconomics impact on child abuse and neglect? What special programs are needed for Indians in order to address this issue? And what sensitivities are required by the social service delivery agents when they approach the area of Indian child abuse and neglect?

This paper will attempt to answer some of these questions by providing a very cursory outline of some of these factors, beginning with the initial contact between the Indian and the white.

Exposing The Myths

First we must deal with some of the myths that whites have developed about Indians, so that we can look at the problem more clearly.

The first myth is the myth of racial superiority. We are told in most creation stories of the major world religions that there were two creatures from the beginning: male and female. And we still have not resolved the question of which of those two creatures is superior. There is no future in spending time or energy trying to prove or disprove the superiority of any one race or culture over another. It can only lead to destructive elements in the society, such as race riots, genocide, and discrimination. The history of our country is peppered with such unfortunate destructive elements, arising from this competition for dominance among cultures and races. Indian spirituality in general does not adhere to the dominance paradigm, nor does it seek power over other cultures. It is basically a "live and let live" philosophy. For Indians, this white aberration of racial superiority has been the single most important element in their lives. The following are some of the ways in which it has caused difficulties for Indians:

- by creating a sense of racial inferiority among many Indians.
- by the virtual elimination of many tribes due to massacres and other genocidal wars (i.e., Wounded Knee).
- by the systematic destruction of traditional Indian values, languages, social structures, and religion (i.e., in Bureau of Indian Affairs (BIA) and mission schools.
- by the massive relocation of Indian peoples (placement on "reservations", urban relocations, etc.).
- by the exclusion of Indians from the basic rights and freedoms and privileges enjoyed by all Americans (jobs, houses, services).
- by the exploitation of Indian labor, land, culture, and artifacts.

The second myth we must deal with is the myth of the necessity of assimilation. There are those who argue that totally apart from racial and cultural differences, it is impossible for such diverse peoples to coexist within the same area, region, or country. This is patently a myth. There are probably more cultural diversities and uniquenesses among white populations in this country than there are among Indian, and yet they are able to coexist in an uneasy alliance.

So basically, it is essential that everyone be able to understand both the viability and the necessity of cultural diversity. This is our choice: a nation of similarly dressed, similarly pigmented, similarly speaking people who live in fear of falling away from the "norm," or a nation of diverse peoples, languages, cultures, and values that coexist together in harmony and peace. Clearly, the latter is to be preferred.

Cultural Diversity

Let us discuss for a moment the fact of cultural diversity among Indians. It is important to understand that categorizing all Indians together into a lump must be avoided if we are to take our task seriously. The Bureau of Indian Affairs recognizes 281 Indian tribes, each with distinct cultural/linguistic traits and kinship systems. Anthropologists and other scholars have attempted to categorize American Indians in different ways: by geographic designations, by linguistic categories, or by ways in which they provide a living for themselves. One of the most generally accepted is the following by Wissler (1938):

1. Eskimo and Aleut
2. Yukon-McKenzie (caribou food area, mammal hunters)
3. Northwest Coast (fishers)
4. Plateau (salmon food area)
5. California Basin (wild seed gatherers)
6. Plains (bison food area)
7. Eastern Woodlands (Northeast) (modified agriculture)

8. Southeast
9. Southwest (Pueblo)
10. Nahua or Aztec (Valley of Mexico)

Kroeber listed seven major areas, with 84 sub-areas:

1. Arctic Coast
2. North (Eastern sub-Arctic-Algonkin and Western Athabascan)
3. Northwest Coast
4. Intermediate and Intermontane areas (Plateau, Great Basin, and California)
5. East (Plains, Prairie, Great Lakes, Ohio Valley, Atlantic Coast, Southeast)
6. Southwest (Pueblo)
7. Mexico and Central America

Driver modified Kroeber's list and counted 17 major designations:

1. Arctic, Western
2. Arctic, Central and Eastern
3. Yukon and Sub-Arctic
4. McKenzie Sub-Arctic
5. Eastern Sub-Arctic
6. Northwest Coast
7. Plains
8. Prairie
9. East (Great Lakes and St. Lawrence to the Gulf)
10. California
11. Great Basin
12. Baja California
13. Oasis (Southwest)
14. Plateau
15. Northeast Mexico
16. Meso-America
17. Circum-Caribbean

It is easy to see that it is possible to develop any number of classification systems for Indians; but it is important to recognize the basic fact that American Indians pose a great amount of cultural, linguistic, and social diversity, and any time we attempt to generalize about them we must take this into account.

With this background, let us attempt to understand some of these unique cultural attributes that have an impact on Indian child abuse and neglect.

Social Organization

Every tribe has its own form of social organization. The basic element to all was the fact that it was internally determined, or sovereign. That is, each tribe determined its own social organization based on its own needs and values. Often this included distinct gender-related roles. Some tribes were patrilineal, and others matrilineal. A few were unilineal. But in all these cases, social organization was structured in such a way as to give clearly defined roles to the members of the tribe. These social organization systems took generations and sometimes centuries to develop, and by the time contact was made with whites, tribal patterns were deeply engrained throughout the North American continent.

One generalization that can be safely made is that the concept and practice of the extended family was widespread among Indian tribes. That is, few Indian tribes were organized exclusively around the nuclear family, with the two parents and the children forming the nucleus. The extended family was a kinship system that combined relatives on either or both sides of the family of the parents, and often non-related friends, in a network of responsibility and interdependency when it came to child rearing. In this way a balance was kept, and continuity was assured.

A major element in the destruction of the extended family system among Indians has been the relocation policies of the U.S. Government. These have taken place throughout the history of contact with Indians and whites, but most recently, in the 1950's, the Indian relocation program initiated and carried out what was designed to place large populations of Indians in urban areas, and it has proven to be most disruptive.

And even now, relocation of whole Indian populations in order to exploit the mineral resources of large land areas is still going on.

In large cities, where the Indian is even more of a minority than he was in the rural areas, the "dissolution" of family ties has proven to be a major factor in the rising incidence of child abuse and neglect. Whereas there may have been more neglect in the rural areas, when confronted by the additional traumas of city life, urban Indians are becoming more abusive of their children, rather than *just neglectful from poverty or lack of information* about services available to them.

Education

Education is another factor that has impacted on the breakup of the Indian extended family system. Traditionally, the Indian child was educated within his or her own tribe, maintaining continuity of traditional culture, religion, values, language, and community. Because of the myths of racial superiority and the necessity to assimilate, promulgated by the U.S. Government and other non-governmental institutions, the role of educating the Indian child was removed from the Indian tribe and placed in the hands of the non-Indians.

The mission schools were the first to attempt to assimilate the Indian peoples into the dominant culture. In the 1800's schools were set up all over the country designed to "civilize" the natives, beginning with their children.

Mission schools were soon phased out, and the federal boarding school system began. Carlisle was established in 1879 as the first of these boarding schools. Indian children were removed from their homes in huge numbers, placed in boarding schools sometimes for their entire school life (from the age of 5 to 20); and often, these boarding schools were long distances from their homes.

The boarding schools were often located on farms, and the Indian students were required to work the farmland while attending classes. Tribal languages and other customs were forbidden; strict military discipline was enforced. Sometimes military uniforms were worn, and children could be seen marching to class. Many languages virtually disappeared during this period, and Indian children were made to feel ashamed for being from a different culture. Their religion and value systems were held in contempt. In short, their entire self-respect was undermined.

But do not be mistaken; this is not just an anomaly of the past. Even today, approximately 1% of all American children are institutionalized (in foster homes, boarding schools, orphanages, etc.) Twelve times as many Indian children are institutionalized.

When Indian families expressed their dissatisfaction at their children being removed so far from home to attend the boarding schools, Congress responded by withholding rations from these families.

During the late 1880's, attendance of Indian children in public schools began to be encouraged. By 1934 the Johnson-O'Malley Act provided federal monies to assist public schools in defraying costs of educating the Indian child. Many Indian families did not know these monies were available until just recently, and currently Indians are gaining more and more control over such monies and programs.

In the 1960's other educational programs came into being which have given Indian people more control over the education of their children, such as Upward Bound, Head Start, Community Action Programs, and Job Corps. About this time the concept of locally controlled (Indian-controlled) schools and school boards began to appear. There are currently about 20 Indian-controlled public schools across the country, ranging from kindergarten through higher education levels.

The Indian Education Act (Title IV, P.L. 92-318) of 1972 has been instrumental in creating many innovative educational programs. Hopefully, with Indian involvement in the planning and implementation of these programs, Indian people will gain fuller control over the education of their children.

It is a sad commentary that it took so many years of miseducation before Indian children were allowed their own dignity and diversity, and Indian parents given back the responsibility of educating their children. Hopefully, the years of damage are not irreversible and much that has been lost can still be reclaimed.

Child-rearing Practices

Child-rearing practices among Indian peoples have been closely related to the extended family concept, and in that respect have depended on more than just the parents of the children in the role of parenting. As the Indian extended family becomes more and more a thing of the past, Indian parents find it more and more difficult to be "good parents."

This is especially true in the urban situation. The factor of boarding schools in the lives of most Indians has also been disruptive in the sense that so many of the Indian parents of today were raised in the highly authoritarian boarding schools, apart from their own parents, and thus have few good parenting models. The national increase in teenage pregnancy, the growing numbers of single parents, and the rising divorce rates have also affected Indians, just as they have affected other segments of the society. Increased drug abuse and alcoholism have also become additional factors contributing to poor parenting practices.

The following is a list of specific factors involved in Indian child abuse and neglect among young Indian *parents in the urban setting, culled from a report of the Oakland Urban Indian Center:*

- a special form of immaturity and associated dependency that has been precipitated from the boarding school era and is mitigated by rising numbers of teenage pregnancies.
- a tragically low self-esteem and sense of incompetence resulting from a feeling of racial inferiority imposed by the dominant society over the past centuries.
- difficulty in seeking pleasure and finding satisfaction in the adult world.
- difficulty in adjusting to the demands of the dominant society which is seen as being both exclusive and requiring assimilation.
- feeling of loss of control and power (the frustration that comes from a feeling of helplessness up against a greater force that appears to be the enemy).
- social isolation, from the extended family or any other community support assisting in child rearing
- lack of parenting skills (misperception of the infant's abilities, lack of empathy for the child's needs, fear of spoiling the child, strong belief in the values of corporal punishment, and lack of access to resources, programs, and services).
- difficulty in accepting responsibility for their own lives.
- overcoming external and internal limitations in their ability to provide an adequate living.

As the Indian Child Welfare Act of 1978 takes its place among the legislation relating to the American Indian, it becomes more feasible to address some of these problems directly. Tribal councils and other Indian agencies are now empowered by law to develop programs and services that will provide alternatives to family violence and disruption, and will assist in addressing Indian child welfare issues.

In summation, it is impossible to be a good parent unless, first of all, you feel good about yourself as a person, you have some parenting models to follow, you have a community of support, you have information about and access to programs and services, and you have occasional relief from the overwhelming responsibilities of child rearing. These are the root problems, and unless we can address them, we will continue to apply the proverbial band-aid to the proverbial cancer.

DOMESTIC VIOLENCE — CRISIS INTERVENTION WITH THE HISPANIC FAMILY

Elizabeth J. Pokela, B.A.,
Program Coordinator
Services For The Abused
Minnesota Migrant Council
St. Cloud, Minnesota

The issue before us today is domestic violence. Women are getting beaten up, emotionally destroyed, and killed in their own homes. This violence has been allowed to go on because we live in a patriarchal system where men have traditionally been given the power. More concretely, up until recently, the legal system, law enforcement, religion - - all systems had bought into the collusion of pretending that either woman-beating was okay, or that it was not happening, or that the woman deserved it, and that it was not a serious problem.

During this workshop, I will share information with you on domestic violence in general, and on the work we are doing on domestic violence for the Hispanic community in Minnesota. I would like to hear your input and discussion on the information and where we, in nationwide networking, can work towards stopping the violence.

The problem of women being battered in the home has a strong relationship to the prime focus of this conference, that of child abuse and neglect.

When the wife is beaten, she may take it out on the children either through abuse or neglect. In turn, the husband often beats the children as well as the spouse.[1] The children also experience emotional damage through listening to and witnessing spouse abuse, i.e., they suffer from living in a violent household.

Additionally, this information becomes even more critical in regards to the fact that studies have shown that abused children are more likely, as adults, to be violent with their mates than people who have never been hit as children.[2] Thus, spousal abuse is intertwined with child abuse, and child abuse serves to perpetuate domestic violence.

In Minnesota, a woman is beaten in her home approximately every eighteen minutes. At this point we do not know how much of this data taken from mainstream, predominantly Caucasian people is applicable to Hispanics. We know there is a problem; we do not know the extent of it. Statistically, Hispanic women are underrepresented in the use of services. (The use of the term "Hispanic" refers to people of Spanish-speaking background: Mexican American, Puerto Rican, Latin American, Spaniard. "Caucasian" refers to Caucasian not of Hispanic descent.)

Domestic abuse, referring to battered women, can be verbal, emotional, psychological, and physical. It may include insults, slaps, kicks, and punches, choking, beating with a weapon, stabbing, and shooting. Abuse is a learned behavior, and it tends to become an escalating cycle. Such violence cuts across all racial, ethnic, educational, and socioeconomic boundaries..

A great number of deeply-seated myths surround battered women and domestic violence. The following list includes some of the more common myths.

MYTH: The woman must somehow like to be beaten, or she would have left.

REALITY: There are a lot of reasons why the women do not leave. She may still love her husband, feel a sense of responsibility to him and to the children, to keep the family together. In an extended family system, if she moves away from her husband for her own safety, she can also suffer the loss of her extended family. Financially, she may be unable to leave due to lack of job market skills and the responsibility of the children — she knows that leaving could throw her and the children into severe poverty. An additional critical factor that may keep her with her abusive spouse is the psychological factor of learned helplessness - - she may psychologically be unable to leave.

MYTH: It is wrong for the man to beat her, but often a woman asks for it by her behavior.

REALITY: A statement such as this one removes the responsibility of violence from the abuser and places it on the victim. It is the abuser's decision to be violent.

The woman may also have maladaptive ways of dealing with problems, but she is not the one whose behavior is physically harmful and life-threatening. Extremely important to realize, also, is that it has been documented that an abusive spouse will beat her up no matter what she does.

MYTH: Violence is wrong, but it is not right to interfere in a family's problems. One must respect the sanctity of the family and let them deal with their own problems.

REALITY: Assault is assault, and it is against the law. Women are irreparably damaged physically and mentally and murdered while people are trying to protect family privacy. A criminal act is a criminal act, no matter what relationship exists between the people involved.

Additionally, it is important to note that domestic violence is a societal problem. Responding to domestic violence calls can be highly dangerous and life-threatening for police officers. In 1974, for instance, FBI statistics showed that one out every five police officers killed in the line of duty died while trying to break up a family fight.[3]

The preceeding are three of the many myths that obscure the reality of women-beating.

The psychological construct of learned helplessness,[4] mentioned in response to the myth of the woman "liking it or she would not stay," is an important concept to be aware of when assisting a battered woman. In an experiment cited by Lenore Walker, related to giving dogs noncontingent negative reinforcement, the experimenters gave the dogs electric shocks at random and varied intervals. Since there was no action that the dogs could take to prevent the shocks, the dogs rapidly ceased any voluntary action. When the experimenters opened the cages so that the dogs could leave and escape the shocks, the dogs made no effort to leave. The dogs had to be repeatedly dragged from the cages in order to relearn voluntary action.

Learned helplessness, heightened by traditional female socialization to be passive and socially agreeable, emphasizes the importance that people helping battered women be willing to help them step-by-step and stay supportive through many trials and errors, with the end goal of re-establishing the woman's self-esteem and ability to make her own decisions.

Timing in helping the battered woman can be critical in relationship to the battering cycle, i.e., the cycle of violence.[6] Walker discusses a three-phase cycle, moving from the tension-building phase to the acute battering incident, followed by a calm, loving respite (the honeymoon stage). In time, the couple is back again to the tension-building stage (See Chart 1: Cycle of Violence). It is not known how long the couple will be at any one phase, only that the next phase is predictable. Clearly, the most difficult time to be working with the woman is during the honeymoon phase, when her relationship with her partner is going so well, and things are as she had hoped they would be.

What can help end battering? A recent University of Wisconsin study[7] of the general population found support by women's groups and shelters to be "of greatest intensity of help." In Minnesota, Casa de Esperanza, a women's shelter opened in June by Chicana women, provides a culturally supportive environment for Hispanic women. They recently reported about a woman in the shelter who, over the past two months, had been learning step-by-step, through their help, to make decisions and to function within the system - - skills she had never learned before. We discussed the assistance the shelter was giving her and the probability that she would not have felt comfortable staying that long in a shelter that was not culturally supportive.[8] For those women who stay with their husbands, less success is reported in overcoming learned helplessness with their battering partners and changing the relationship to a non-battering one.[9] It has been found that the main reason spouses ended their violence was out of fear of divorce, fear of the police, or fear that criminal action would be taken against them.[10]

Cultural influences have to be taken into consideration when working with domestic violence. By conceptualizing a cultural spectrum that moves from "traditional" Hispanic culture to "modern" Anglo-American culture, we can work to assess the biculturalism or cultural pluralism that the person demonstrates. With this framework in mind – whether deliberately or unconsciously – cultural factors must be considered when helping the person.

The extended family, traditions, el respeto, respect, and male, female, and family roles and expectations are all factors. With machismo, manly pride, ask: has the expectation of the husband been to be manly by supporting the family and carrying out his responsibility as head of household and decision-maker? Ask: what influence has religion had, particularly the Catholic Church? How can religious beliefs and the clergy help the woman and her family?

Indirect factors are also important in this work. Historical factors such as the long-term racial and social discrimination experienced by Mexican people relate to today's systemic racism as well as Mexican Americans' anger at oppression.

In our preliminary work with domestic violence, we often find ourselves being involved with the whole family. In this sense, the family, rather than individual persons, becomes involved (the husband is not necessarily seeking help). We are working to develop services for all the family that will be culturally supportive, while working to end the violence.

When speaking of the battered woman, I frequently hear half-joking comments such as, "What about the man? He is abused too." My response is that men, too, can be battered - - our program has assisted in such a case - - but this is the exception, given male-female size, socialization, and training, and we cannot be distracted with exceptions in dealing with the known problem of women battering.

There are three common situations that we have come across in our crisis intervention work with battered women.

In one situation, the woman wants to end the violence and maintain her family together. She can be demonstrating coping, confronting behavior or be feeling fearful and intimidated. She and her husband may stop it individually or together. As it is risky for her to be coming to an agency for assistance, we work to be supportive of her and her decisions, while at the same time letting her know the options that exist for her. We also discuss with her, safety and plans for protection.

A woman in another situation may come wanting to leave her husband – she can no longer live with the violence. This woman needs access to resources and a support system. She and the children can be referred to a shelter, but she will still need our help in dealing with her fears, guilt, and possible family disapproval, as well as assistance in getting welfare, housing, and an Order for Protection from the court. The Minnesota Order for Protection provides a simple process for obtaining orders by the court, which can require the abuser to stop threatening or abusing someone, temporary custody and support, enforcement of the orders by law enforcement at the woman's request, and other measures of relief.

In a third type of situation a woman may be very confused, leaving, returning and then leaving and returning, again. She may be very caught up in the battering cycle, going back for the honeymoon stage and feeling little power of decision-making. She may have gone directly from the role of daughter to that of wife, and never had the responsibility of running her own life.

In all these cases we try to be supportive of the woman, to empower her and to advocate for her. We offer crisis intervention, information, advocacy, translation, transportation, employment and training counseling, and selected referrals. We try to work in close conjunction with the established shelters and programs. They provide shelter and knowledge of the system; we provide advocacy and cultural support.

When the abusive spouse comes into the office, we deal with the presenting situation. We have had husbands sincerely desirous of change, and we support them, while encouraging counseling. It has been estimated that it takes a minimum of six months for the batterer to truly face up to his abusive behavior, so it is important to find referral resource persons who are trained in working with batterers as well as sensitized to the spouse's culture (no easy task!). We have had other spouses come in denying responsibility or asserting their rights as head of the house. With these men we do what we can. Court-mandated counseling is being developed, but does not yet exist statewide. Staying supportive of the man in the sense of lessening his ethnic isolation, helping ease economic stress through employment and training programs, and working through extended family systems to stop the violence, are all typical of the actions we take.

In regards to the children, we discuss concerns for effects on the children, when appropriate. We are mandated to report child abuse and neglect, and in conjunction with reporting to Child Protective Services, we work with the protective service worker on cultural sensitivity. Children who do go to shelters with their mothers are assisted by children's advocates.

A concern in all of this work is to end the violent behavior and the cycle of violence. We work with people according to our abilities and we, ourselves, evaluate the work towards this concern.

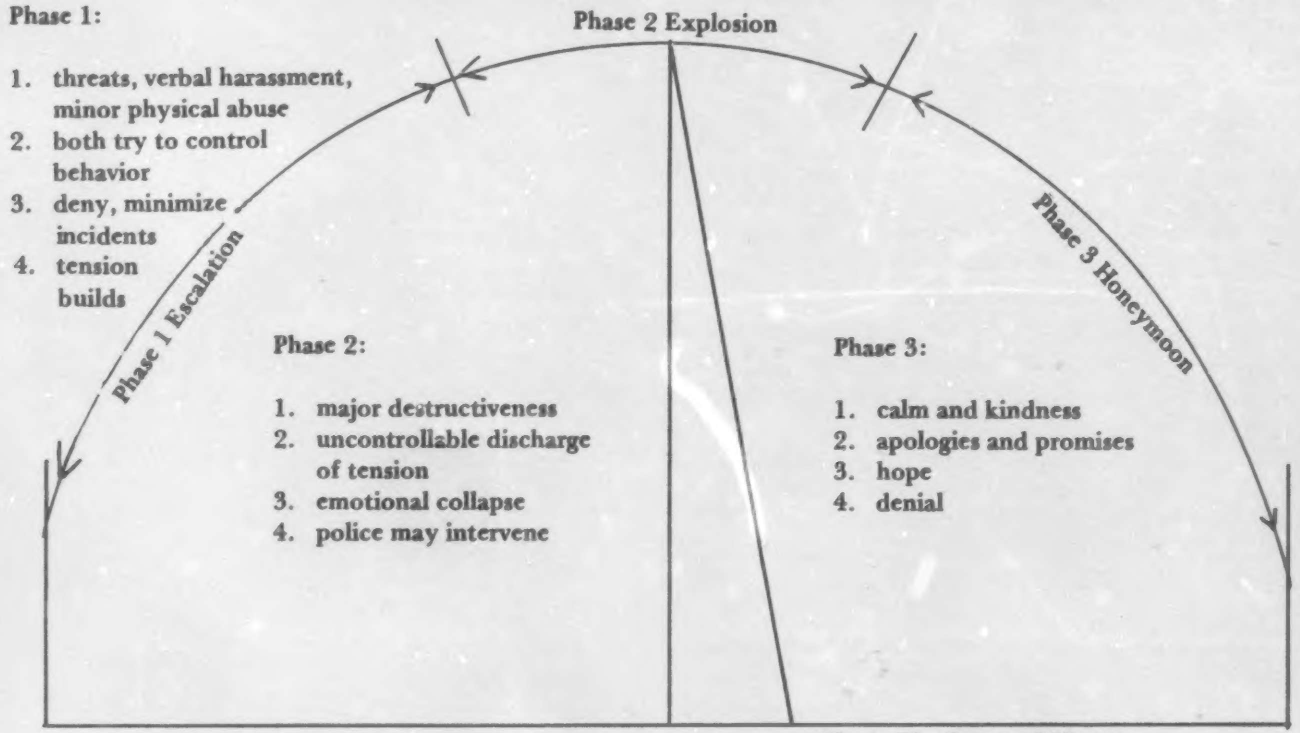
There are special considerations affecting our work in Minnesota. Working with migrant farmworkers, we know that we are working in a transitory situation and that our services will be time-limited. We try to educate and inform as many families as possible, as well as provide referral data for Texas, the home state of most of the migrant farmworkers. We also face the rural isolation of the families and possible isolation from the extended family. We stress that families can get help for problems and can live without violence, and again, make phone numbers and locations known where the family can call.

Hispanics are a minority population in Minnesota and face the stresses of dealing with the dominant culture, as well as racism. Our helping system is predominantly Caucasian, so we have difficulties with the referral system. Are they culturally sensitive, and will the woman and/or her husband actually utilize the referral? If the woman fears further beatings from her husband, she will not likely call the police or file the Order for Protection, since she fears the possible racism of the police even more strongly. Her husband may be a non-resident immigrant, without documentation, and she may not want him deported. In general, she may feel the responsibility to protect her family from outside interference.

There is much work to be done in developing an accessible, effective network system to help Hispanic women and their families. The greater the number of service providers becoming aware of the problem, the options, and the networks, the greater gains we can make to end the violence.

Chart 1

CYCLE OF VIOLENCE


Phase 1:
1. threats, verbal harassment, minor physical abuse
2. both try to control behavior
3. deny, minimize incidents
4. tension builds
Phase 2 Explosion
Phase 1 Escalation
Phase 3 Honeymoon
Phase 2:
1. major destructiveness
2. uncontrollable discharge of tension
3. emotional collapse
4. police may intervene
Phase 3:
1. calm and kindness
2. apologies and promises
3. hope
4. denial

From The Battered Woman
By: Dr. Lenore Walker

Footnotes

[1] Gayford, J.J., "Wife Battering: A Preliminary Survey on 100 Cases," British Medical Journal (January 25, 1975), p. 196. Taken from: Martin, D., Battered Wives (New York: Pocket Books), 1976, p.23.

[2] Gelles, Richard, The Violent Home (Beverly Hills: Sage, 1972) p. 173, in: Martin, op. cit., p. 24.

[3] Murphy, Roberto B., McKay, Ed, Schwartz, Jeffrey A., and Liebman, Donald A., "Training Patrolman as Crisis Intervention Instructors," unpublished, p. 1, in: Martin, D., op. cit., p. 15.

[4] Walker, Lenore E. "Battered Women and Learned Helplessness," Victimology: An International Journal, Volume 2, Numbers 3-4, 1977-78, pp. 525-534.

[5] Ibid., p. 530, and Bowker, Lee, "Beating Wife Beating," taken from Northwoods Coalition for Battered Women Regional Newsletter, July 1982, 7.

[6] Walker, Leonore E., Battered Women (New York: Harper & Row 1979), p. 56-70.

[7] Bowker, loc. cit.

[8] From a discussion meeting, August 27, 1982, with a Casa de Esperanza advocate.

[9] Walker, "Battered Women and Learned Helplessness," op. cit., p. 531.

[10] Bowker, loc. cit.

Bibliography

Coalicion de Grupos en Massachusetts Para Mujeres Maltratadas, "Mitos Acerca Del Maltrato", unpublished paper (Mass. Coalition of Battered Women Serivce Groups), 1980.

Martin, Dell. Battered Wives. New York: Pocket Books, 1976.

Mirande, Alfredo and Evangelina Enriques. La Chicana: The Mexican-American Woman. Chicago: University of Chicago Press, 1979.

Montoya, Jose R. Cultural and Ethnic Awareness Manual for Professionals Working with Mexican-American Migrant Families. Texas Migrant Council, Inc., National Resource Center on Child Abuse and Neglect for Mexican-American Migrants, 1980.

Walker, Lenore E., Battered Women New York: Harper & Row, 1979.

IMPLICATIONS OF SUBSTANCE ABUSE AMONG THE MEXICAN AMERICAN MIGRANT POPULATION AND ITS IMPACT ON THE FAMILY

John R. Moore, Sr., M.S.W., and
Peggy Pittman-Munke, M.S.W., M.Ed., M.L.S.
Worden School of Social Service
Our Lady of the Lake University
San Antonio, Texas

Migrant Life Circumstances

Of the three streams of migrants, the one with which this paper will concern itself is the midstream group which originates in Texas. Even compared to life in the barrio, the migrant life style is an extremely hard life. The large number of migrant workers and migrant families that go north following the growing season suffer serious disruptions in living patterns, with consequences for both adults and children. The children are taken out of their homes and schools and forced to sever both school and friendship ties at a vulnerable time of life. Also, often ignored is the plight of the wife of the migrant who experiences disruptions in her life style as she leaves friends and relatives and must struggle with new facilities and different ways of doing things. In addition, Mexican American migrants frequently have large families, and the child care and other domestic concerns of the Mexican American women are not lightened to accommodate for the addition of agricultural labor to their regular load (Atencio, Not Dated; Montoya, 1980).

A recurrent set of events characterizes the life of the migrant farmworker. Travel is continual because of the timing of the growing season, harvesting periods, as well as the social organization of crews, migrants, and growers. Often, migrants have insufficient money and lack a nutritious diet. Sometimes, they must pay crew leaders a percentage of their pitiful earnings for transportation, food, and other necessary goods and services. Although the work of the migrant farmworker is ranked as the third most dangerous type of occupation in this country, migrants have no workmen's compensation insurance to cover injuries and losses caused by accidents. Even though work for the migrant depends largely on the weather, the migrant also lacks mandatory unemployment insurance. When enforced, the state minimum wage for migrant workers in states which have adopted minimum wage laws is lower than that of other workers. Thus, not only must both parents work, but also the children. In all other occupations, child labor has been eliminated (Montoya, 1980).

The housing situation is equally miserable. Inadequate for large families and unsanitary, the housing provided by growers generally lacks the essentials for a decent living environment and contributes to the migrant's many health problems. Although employers who use the state employment service must provide minimum standard housing which is inspected, growers often choose not to use the state employment service, thus bypassing the need to offer migrants decent housing (Montoya, 1980).

The relationship between income and education must also be considered when evaluating the life circumstances of the migrant. The net result of lower educational achievement is higher unemployment rates during the off (or nonmigratory) season. Although some families rely on their migration earnings to survive during the off season, most adults in the family frequently look for work in their home communities after they return from the fields (Berrios, 1981). However, most migrant workers are not equipped to compete in the urban job market because of their low formal education, low command of English, and constant occupational mobility, which mitigate against-the probability of their ever getting other work skills, and thus leaving the migrant stream (Berrios, 1981).

In addition to the economic problems, which often are shared with other barrio dwellers, the migrant's occupational mobility imposes a unique life style, which is removed not only from the life style of the dominant culture, but which also differs from the life experiences of other urban and rural poor. The migrant's frequent travel for jobs may be described as a way of life which limits personal development and which may foster a sense of family disorganization. Fortunately, the culture of the Mexican American, as well as the strong sense of family cohesion, act as counteracting forces that tend to soften the impact of disruptive life circumstances. In fact, in spite of the life of privation, many Mexican American migrant families have adapted extremely well to their environment without becoming disorganized. (Berrios, 1981)

Thus, the variables often associated with family crisis conducive to both alcoholism and substance abuse, and to child abuse and neglect, unemployment, inadequate food, poor medical attention, transportation problems, and inadequate economic resources, are present in the migrant life style. In addition, the frequent moves often prevent the establishment of supportive relationships in the home community during the crucial developmental periods of adolescence and early adulthood, thus setting up conditions ripe for anomie and alienation.

Rationale for Drug and Alcohol Usage Among Migrants

Societies everywhere in the world have used substances to alleviate pain, to cure sickness, or to provide pleasurable feelings, according to Gibson and Moore (Not Dated). Given the migrant life style, with all its burdens of pain, illness, and monotony, we can only wonder why the rate of abuse is not higher.

Dr. Garcia-Bunuel points out that the "only person in the poor community who has money to spend freely and obstentatiously is the drug dealer." To some people, he is like a "folk hero" who has broken through the chains of oppression which bind the migrant. The heroin user is perceived by some as everything a man should be, who has become a member of a larger society with its own mores, ethics, traditions, values, and system of justice – all of which transcend the migrant life style. Since he is proud of what he is, he makes it appear to others that what he does is exciting and rewarding. However, his basic, underlying cultural values do not change. The family remains important to the addict and will not abandon him. The Chicano addict respects women who do not violate the social taboos which prohibit certain behavior of women in his culture; thus, rarely will he associate himself with a female addict (National Institute of Mental Health, 1977). Although describing the experience of Mexican American barrio dwellers, this can be related to Mexican American migrant workers, for they often return to that same neighborhood after migrating.

Mexican American women are also victims of racism, their circumstances are certainly acute; the privation they experience is serious. The problems involved in the migrant life style can precipitate a mental or emotional breakdown or lead to the abuse of alcohol, pills, or solvent, in order to cope. (Gibson, 1977)

Alcohol use, as well as drug usage, is often mentioned as a form of escape from the problems of social isolation, alienation, language difficulties, and poverty -- all of which describe the migrant condition. However, at least according to the Wisconsin study (Slesinger 1977), if the responses to the questions "Do you drink alcoholic beverages (often, occasionally, seldom, never)?" reflect alcohol usage, there is little evidence that alcohol use is a problem among migrants. Forty-four percent of the workers surveyed said they never drink. However, men and women differ in their drinking habits considerably, reflecting the cultural attitude of this group that women should not drink except for an occasional cocktail in a social setting and should never drink in public. Thus, only four percent of the women reported that they drink alcohol occasionally or often, while 40% of the men did so. On the other hand, 84% of the women said they never drink alcohol while 18% of the men claimed never to drink. Interestingly, very few men and no women saw any difficulties arising due to their drinking. Some people who work closely with the migrant community feel that alcohol consumption, particularly among men, is a problem at times. Obviously, little real information about problems with alcohol abuse was gleaned from the Wisconsin study (Slesinger, 1979).

Perhaps one reason why so little interest in drug abuse among migrants exists is that the addict under the influence seems to be just a "sleepy head." On the other hand, when the migrant abuses alcohol, there is a tremendous personality change -- the migrant may because aggressive and violent or beat his wife and children, (National Institute of Mental Health, 1977), thus becoming more visible to law enforcement personnel and to public agencies and institutions.

Relationship Between Health and Alcohol

Income and basic health factors as well as cultural factors, may result in producing different effects. If one is poor, has less than desirable working conditions, lives in crowded housing, has poor nutrition, inadequate clothing, and a generally uneventful life except in terms of work, one is more likely to have a greater probability of being affected adversely by any further assault -- including alcohol. Obviously, these conditions are intensified in the employed population of migrant and seasonal workers (Chatham, 1977).

Documentation of Alcohol and Drug Abuse Among Migrants

Although there is scant documentation of the existence of a drug and alcohol abuse problem among migrant workers, many authorities agree that the problem exists.

Gibson and Moore state that it is difficult to know what information about drug related issues may be true (Not Dated). Chatham (1977) agrees that we lack solid information about the size of the alcohol problem and indicates that until recently "migrant alcoholics" have not been an area of serious concern Thus, the migrant alcoholic has not been selected for enumeration or study. Organizations dealing with alcoholism can furnish data about alcoholism but not about migrants, and major migrant organizations can contribute little but personal impressions about alcoholic migrants. However, Chatham (1977) indicates that, allowing for the persistent problem of the hidden alcoholic, in all estimation the figure of 25% could be considered a conservative minimum base-line when applied to a conservative estimate of 200,000 current adult migrant workers. This yields a baseline estimate of 50,000 persons needing alcoholic services.

Estimates on the number of migrants abusing alcohol are almost entirely lacking for several reasons. First, there is a lack of facilities and trained personnel to detect and respond to the problem. Secondly, both migrants and growers deny the depth of the problem -- the migrants because they cannot afford treatment time and consequent loss of income, and the growers because they need the migrant workers for a concentrated period time from sunrise to sunset in order to maximize the profit on the perishable crops. Treatment is provided only to the migrant who shows extreme physical and work-imparied conditions. Thus, for the alcoholic migrant, treatment is likely to mean emergency detoxification, vitamins, and discharge, rather than extended psychotherapy or support (Chatham, 1977).

Thus, it is obvious that there is a lack of information on alcoholism, not just personal impression and anecdote. Chatham (1977) indicates that most people involved with the migrant say that "the problem is large and not enough is being done." (p.8). The uniqueness of the condition of the "migrant alcoholic" means that the problem cannot be handled by routine resources.

Some of the few reported statistics on substance abuse among migrants are found in the study, Child Abuse and Neglect Among Mexican-American Migrants: A Study of Cases and in Health Needs of Migrant Workers in Wisconsin. The Texas Study of Cases reported a low percentage of cases of alcoholism (4.3%). These figures only refer to cases of alcoholism identified by mental health professionals, but do not refer to cases of drunkenness. All except one of the reported cases of alcoholism and drunkenness refer to men. Reported cases of drug abuse were also low (3.5%), but all cases may not have been detected. In the Wisconsin Study, drinking problems are listed as the sixth most common health problem, following eye trouble, nerve trouble, back trouble, missing fingers or toes, and arthritis (Berrios, 1981; Slesinger, 1979).

In summary, Chatham (1977) states that migrant health services do the best they can under difficult circumstances to treat alcoholism and drug abuse, along with the physical complaints which are the presenting cause, in spite of the fact that personnel trained and experienced in alcoholism are lacking. "Detox" is the most usual form of treatment in use.

Federal and State Policies for the Migrant Abusers: Treatment Implications

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has funded only one treatment and rehabilitation project explicitly classified as migrant. This program provides a variety of services including detoxification, residential treatment, court counseling, and aftercare. However, only 325 to 350 clients can be provided treatment or rehabilitation within a given year. Some migrants also receive services under other categories of programs such as public inebriate, Spanish American, and Native American, among others. However, the information system fails to categorize migrants as such, and thus the number of migrants treated in other categories is unknown (Chatham, 1977).

Historically, the states have not given their highest priorities to individuals who have diseases which are not considered to be medical in nature. State funds for alcoholism often fail to go to persons who meet the eligibility criteria for that state system. In many states, minority groups are given little priority (Chatham, 1977).

Obviously, baseline data dealing with alcoholism, socioeconomics, demography, and cultural patterns and values, is needed in order to determine what kinds of programs will meet the needs of the migrants best. Thus, needs in the service delivery system could be improved by improving the quantity of existing resources, to analyze the functions and outcomes of current facilities, and to develop innovative models of service delivery (for example, the utilization of bilingual and ex-migrant service personnel). Since the average age of the migrant worker is between 18 and 24, it is also obvious that there is a need for more youth-centered programs to deal with alcoholism. As a consequence, programs must go beyond alcoholism and other health impairments and deal with issues of education, housing, job-training, and family life (Chatham, 1977).

Early intervention strategies are also indicated. Little attention has been paid to providing alternatives to drinking in the migrant community. Since migrants are not part of the ongoing community and are viewed with suspicion and prejudice, special efforts must be made to develop both resources for the migrant communities, as well as to provide alternative activities to drinking. Two alternative suggestions which have not been explored are the Catholic Church (the majority of migrants are Catholic) and the educational system, to make it more responsive to the needs of the migrants. Thus, the literature does not show the extent of violence resulting from alcohol consumption by migrants. In fact, the community ignores migrant drinking and violence as long as it remains within the migrant community. The greater community simply has no interest. Within a small community, generally, there are few resources other than the legal system. While in his own home community, the migrant has some chance of tapping into resources other than the law; while on the road, the legal system generally is the resource of choice, and frequently, the only resource utilized to deal with the alcoholic migrant.

The cost of alcoholism on the road for the migrant is very high, and costs him dearly. Money for the fine or fines must be found in a strange community, which is often hard to do. The money may well come from the family's meager subsistence allotment. In addition, the legal system will deal much more harshly with the migrant who is DWI, then with a similarly situated member of the community. Thus, alcoholism compounds the problem for the migrant and his family. Often, the possible problems act as deterrents to the drinking of the migrant on the road, but if the migrant does get into trouble drinking, many problems result for the family of the migrant.

When considering the life style of the migrant, it is also necessary to consider that in a way very similar to businessmen who use risk as justification for profit -- the migrant risks himself and his family for the purpose of a better life. Thus, he deserves, at the least through his labor and his willingness, to have decent housing, a health policy which is valid on the road, as well as unemployment compensation, all of which are endorsed in the Texas State Plan For Farmworkers. Instead, in the main, the migrant suffers from frustration and lack of resources, which often results in neglect and abuse for his family. The fact that many migrants survive without becoming alcoholics, substance abusers, or inhalant abusers, in spite of the psychological and physical costs, shows the strong fiber of many migrants.

In a poor season, similar to this year's season, there is little or no work. But the migrants leave their home base assuming and thinking that there is work. The lack of work, and out of pocket costs incurred by migrants who have no resources, generates feelings which are often sublimated -- anxiety for the family's well-being, mixed with anger and fear. Often this anger and fear is coped with through the use of alcohol or other substances, which reduces the money still further. At this point, the children become highly at-risk.

It is a tribute to the strength of the migrant that so few show serious drug and alcohol dependency because of the stress. Thus, migrants must have inner strengths which help them to survive; but they do not prevent them from suffering fatigue, depression, and stress, all of which can lead to neglect and abuse of children.

Migrants are especially at-risk for alcohol and drug abuse after adversity (loss of expected work, a sick or injured child, bad weather, injury to an adult, emotional problems, and so on), or during travel without a family or a local group. Problems are likely to be more serious because of the lack of resources to help the migrant community where he or she might be. The lack of willingness on the part of both migrant and grower to admit that there is a problem of substance abuse simply makes it harder to deal with.

Alcohol and substance abuse, although hidden, makes a substantial impact on the migrant community, both in terms of financial and human costs. Alcohol generates a brief satisfaction, a brief forgetfulness, followed by financial problems, physical problems, and exacerbates the abuse and neglect potential of a population suffering frustration and privation.

References

Atencio, T. Mental Health and the Spanish Speaking. Not published; Not dated.

Berrios, L. Child Abuse and Neglect Among Mexican American Migrants: A Study of Cases. Laredo, Texas: Texas Migrant Council, 1981.

Chatham, L.R. Migrants and Alcohol. Washington, D.C.: President's Commission on Mental Health, Panel on Rural Mental Health, June 17, 1977.

Garcia, P. The Struggle of the Migratory Worker. Unpub. paper. San Antonio, Texas: Worden School of Social Service, Our Lady of the Lake University, 1979.

Gibson, G. "Women, Mental and Substance Abuse." San Antonio, Texas: Alamo Area Regional Institute, September 26 - 27, 1978.

Gibson, G. and Moore, J. "Drug and Abuse Treatment and the Chicano Addict." Not published; Not Dated.

Mexican-American Policy Research Project: The Health of Mexican-Americans in South Texas. Austin: The L.B.J. School of Public Affairs, 1979.

Montoya, J.R. Cultural and Ethnic Awareness Manual for Professionals Working with Mexican-American Migrant Families. Laredo, Texas: Texas Migrant Council, 1980.

National Institute of Mental Health. "Institute on Narcotic Addiction Among Mexican-Americans in the Southwest." Proceedings. April 21 - 23, 1977.

Porteous, S.M. Migrant Child Welfare: A Review of the Literature and Legislation. Washington, D.C.: Inter-America Research Association, 1979.

Salinas, R.L. Child Abuse and Neglect Course Model - Project Report. Unpub. 1980.

Slesinger, D.P. Health Needs of Migrant Workers in Wisconsin. Madison, Wisc.: Bureau of Community Mental Health, 1979.

Texas Migrant Council. A Manual for Understanding Child Abuse and Neglect Among Mexican-American Migrants. Laredo, Texas, 1979.

Texas Migrant Council. "The Prevention and Treatment of Child Abuse and Neglect Among Migrant Farmworkers: Proceedings of a Workshop." Laredo, Texas, 1979.

Texas Rural Legal Aid. Texas State Plan for Farmworkers. Austin, Texas: 1982.

VI.
CLOSING ADDRESS

"STRESS MANAGEMENT"

Closing Address

Gayle E. Schou, Ph.D.,Ed.[1]
Adult and Continuing Education
San Antonio, Texas

All of you are under tremendous stress everyday; one, for survival, to keep the doors of your program open, and two, to do the very best job for those people you serve. I know you are all caring, dedicated, serving and giving people or you would not be involved in the kind of work that you do.

But before you can completely do the very best job for those people you serve, you have to make sure that you are completely and fully functioning. Thus, you have to feel good about yourself and you have to be relatively stress free to function in the kinds of jobs you deal with. Therefore, this workshop will be dedicated towards discussing a truly fulfilled, functioning you.

Stress is a very popular topic these days. It is not nervous tension or a sudden discharge of adrenalin in our system. Stress is not some kind of alarm reaction, it is simply a general term for an emotion of unrest. It is a non-specific response of the body to any demands that are made upon it. When you run up the stairs you stress your heart, lungs and muscles. When you eat, you stress your digestive system. When you read, you stress your eyes. Any reaction to demands you make upon yourself is some kind of stress. It is not negative or positive, unless it is too much or it has a negative effect on the body.

There are two kinds of stress, the first kind is Eustress, which is a positive or beneficial kind of stress. We have to have it because without it our lives would be empty; there would be no richness, we would be totally bored. This type of stress inspires aspirations and achievement, for instance, competition, the need for accuracy or the need to succeed.

The other kind of stress, which has a negative factor in our lives, is Distress. Distress is exhausting and can cause boredom, despair and sterility. It takes richness, happiness and security away from your life.

Stress manifests itself in different ways with different individuals. Some of us become lethargic and need to be rejuventated. Some of us become overactive and need to be calmed down. In between those two are many symptoms and things that occur in our bodies or in our minds as a result of too much or too prolonged distress.

What actually happens when we are distressed? When we are under a certain amount of distress, our breathing, heart rate, and the amount of stomach acid increases. We experience more bone changes which affect our metabolism. We have a release of adrenalin, and an increase of cholesterol and sugar in our blood which in turn causes our muscles to tense, which is perhaps preparation for action.

In order to control these things that happen in our bodies, we have the endorphin in our brain which reduces or controls the rate of our respiration. It also controls the heart rate, lowers the blood pressure and calms our motor activity. Unfortunately, there is only so much of that reaction available, so when we have prolonged distress and use up our store of endorphins then we are in trouble. What happens then?

Let's think of some of the kinds of troubles you will find yourself in, as a result of distress. A few of the more common symptoms of prolonged distress are: physical exhaustion without reason, fear, suspicion, paranoia, increased rigidity in thinking, memory loss and confusion, boredom and depression, and a loss of confidence. There is an inability to concentrate, inability to complete things, inability to share, and a reluctance to be more tolerant.

Then there are the big symptoms: amnesia, delusion, hallucination, dangerous psychosis, and suicide, which is the only symptom that actually terminates the distress.

There are physical symptoms, too, that can occur, such as headaches, bodyaches, tension of the muscles or the joints or the bones, upset stomach and intestinal tract, poor posture, a vacant or empty expression, and uncontrollable tearing or weeping. Other physical symptoms are persistent colds, chest pains, heart palpitations, body noises which cannot be explained, irregularity in breathing and heart rate, hot flashes, cold or numbness in the limbs, crawling skin, rashes or skin eruptions, nail loss, tooth loss, or organs which weaken or are beginning to function improperly. The more serious physical symptoms are heart disease, strokes, high blood pressure, psychosomatic illnesses, and loss of appetite.

---

[1] Dr. Gayle Schou is an academician who holds a Doctorate in Adult and Continuing Education from Northern Illinois University. She has done extensive work in the fields of learning and human development of individuals, and has taught at St. Mary's University in San Antonio, Texas, and at Northern Illinois University.

Too much distress is terminal. What causes all of these? There are three major, general, causes for our distress. The first is a feeling of loneliness, a feeling of not being affiliated, of being outside. In the American culture and most of society we often tend to encourage independence. We admire the hero, the self sufficient person who achieves on his own.

In the school systems children are praised when completing their assignments without needing to ask for any help. This is something we have reinforced in our children these days. But if we look at some other cultures, children are taught to turn to their neighbor for assistance in a cooperative effort. Here, we suspect or tend to suspect that cooperative learning is cheating.

We fear that committee work on a school project is exploitative of the more aggressive and intelligent workers; and we emphasize leadership as the most important quality we should be encouraging in effective group learners. Children are taught that to survive in this society, they must not be too trusting; they must be skeptical and cynical.

In teaching creative thinking in schools today, emphasis is being placed on competition rather than cooperation, individualism rather than communalism, and aggressiveness rather than comtemplation. Now, I am not saying that it is not necessary to be that way to survive in American society, and I am not saying it is bad to be that way. But what I am saying is that we are reinforcing an aloneness among our young people that carries on into adulthood.

People who specialize in treating people who attempt suicide found that their patient's facial expression was not despair or depression, but rather a look of alienation, a look that projected that they were watchers of the world rather than participants. Alienation is an important point - - because alienation can kill.

Social support is necessary for effective and functional living. I have read studies of pregnant women who do not have any support systems or groups, and had an infinitely higher rate of birth complications.

There are rituals that we go through such as, the thank you's, the punctualities, and the great jobs, but without satisfaction in those rituals we will not do our best at work.

Feeling unloved and unvaluable are very important factors in how productive we are. This is the second cause for distress. There are people who dislike or are even bored with their jobs, but stay on because they enjoy and respect the people they work with. There are also people who like their work, but dislike or disrespect the people they work with or are around them at work. In both cases, it is the relationships with the other people on the job which make them or break them.

The third cause of distress is the terrible feeling of helplessness. If we feel that others are keeping us from doing our thing, then by that, we mean that they control our life. If you feel others control your lives, then it follows that you believe that those others are better than you are. So by comparison to them you are inferior and inadequate: the result is distress. You see others as having power over you, power to make you angry, nervous, sad, afraid or trapped. You feel that you have no control over your life, but you do not want anyone to know that so you play act, and use energy that you really cannot spare.

It takes a large amount of energy to deal with feeling the resentment of being helplessly controlled by others, and yet, trying to hide it all the time.

We are all in a place where we choose to be, directing our lives the way we want to. None of us are really locked in where we are. Everyone is in a position to change the situations if they want to, if they are willing to accept other things that will happen as a result of change.

There are four starting points to look at in learning to deal with stress. First, you start by learning to see failures as pieces of process. Secondly, learn to analyze the things that distress you, write them down and how you react to them or patterns that you always follow. If the way you reacted in the past has not worked, maybe you should change your reactions.

Third, learn to accept your own worth, because you determine your own value. The trap that we fall into very easily is one of finding ourselves thinking that our value is directly related to our achievements, which is not true. Achievements are separate, whereas, we are all born with worth. Fourth, is to develop some faith in the human race. Restore your faith in human nature and experience a wonderful lift.

To deal with distress on the job or at home, modify your environment and beliefs; also, modify your arousals to distress. One way of modifying what is around you and a very good way of dealing with a stressful situation is to change your schedule or the way you handle procedures in the office. Change your nutrition habits, sleeping patterns, and even your recreational activities. Try to treat yourself like a valued friend, an honest friend that you would not insult or put down, a friend that you admire, respect, and wish well.

Modify your beliefs by going through several kinds of training, values certification, challenge assumptions, and keeping a diary of your thoughts.

We can learn to modify our arousal by using a relaxation technique. There are several excellent bio-feedbacks that do wonderful jobs, such as meditation exercises, hypnosis, the power of suggestion, visualization and breathing techniques.

Another good idea is to plan some idleness for yourself. Take ten minutes out of every hour to do absolutely nothing but to relax. If your job requires continual intense concentration it is good to take five minutes every few hours, just for yourself.

Another way to kill the distress, is to read concentration-demanding books. One of the symptoms of much stress is a sudden yearning or longing for almost anything, including trash books. If you can stand fifteen minutes reading something that takes constant concentration to understand, it will help you. After that you really feel like going back to what you have to do.

Concentrate on yourself by planning less structured holidays and vacations. Learn to live by your calendar and not by your watch. Also, learn to deal with one task at a time. If you cannot get away from whatever it is that distresses you physically, get away from it in a fantasy. Fantasies are wonderful for healing the hurt that comes from distress.

Learn to admit and acknowledge your anger and learn to work it off. Most important, learn to listen, you would be amazed how lack of listening or attending to what others say contributes to your own distress. But listening effectively is a matter of motivation much less than it is a matter of presentation to the speaker.

Lastly, is recreational activities. Think about what you do for recreation, did you just fall into it or did you choose it? After you have spent some time with your activities, are you ready to return to work with renewed zest? Recreation is supposed to recreate, so that means you should be able to go right back and feel good about going back. If you feel regimented with very little control over your life, then maybe you ought to choose recreation where you are in. If your life is full of tension and exasperation and you cannot work it out during the day, then maybe you need physical recreation where you can work off some of your pressures and fear. If you feel your work shows very little opportunity to be creative, then maybe you need a creative type of recreational activity, the kind you can see through from start to finish such as cooking or photography.

If you have spent a long time caring for other people in your life, then maybe you should give yourself permission to enjoy a recreational pursuit where you get to be selfish. You can take a course and learn something you have always wanted to learn, or study something you have always wanted to study that will do something for you.

If you feel failure at work or failure in your personal life, perhaps you should select a recreational field that you can become an expert in. If your work involves persuasion or instructing other people, then maybe you need more passive recreation, such as gardening, going to the theater, plays, or concerts.

If you work under deadline pressure, then maybe you need recreation that does not have pressure, like target shooting or playing horseshoes; something that has a slow, easy, relaxed approach.

If your work is often repetitive and routine, then maybe you need a mental challenge, so read your way through the Great Books. Learn to play a musical instrument that you have always wanted to, or train yourself to be a chess or a bridge champion.

If you always find yourself having to work as a member of a team or a group, perhaps you could enjoy some kind of recreational pursuit to do alone, such as jogging, bicycling, or swimming. If you work alone, in a quiet coccoon-like area, then maybe you should be involved in recreational things that involve social context such as clubs or team sports.

If you feel that you are not doing enough for other people, then maybe you should get involved in giving activities, such as teaching English as a second language or delivering meals on wheels. Take a good hard look at what you do and see if it compliments how you earn your living or how you spend most of your time.

The greatest gift you can ever give to those you serve is to be a fully functioning, fulfilled person yourself. A good way to do that is to begin looking at the distress in your life and developing a sense of fulfillment.

VII.
LIST OF CONFERENCE PRESENTORS

CONFERENCE PRESENTORS

Adalberto Aguirre, Jr., Ph.D.
Lex Berrios, Ph.D.
Teresa Ramirez Boulette, R.N., Ph.D.
Efrain D. Carrillo, M.S.W.
Pedro Castaneda, Jr., M.D.
Fred Cervantes, Ph.D.
Carmen P. Cortez, M.Ed.
Benjamin Cuellar, D.S.W.
Mercedes Perez de Colon
Amalia Gonzales del Valle, M.S.W., L.C.S.W.
Gloria Garcia, M.S.W., A.C.S.W.
Guadalupe Gibson, M.S.W., A.C.S.W., C.S.W.
Mary Guevara, B.A.
Gary Javore, L.L.D.
Roberto Jimenez, M.D.
Antonio Juarez, M.A.
Guadalupe G. Lara, M.S.W.
Leonard Lieber, M.S.W.
Margaret Luera
Tomas E. Martinez, Ph.D.
Barbara Matthews, B.A.
John R. Moore, Sr., M.S.W.
Peggy Pittman-Munke, M.S.W.
The Honorable Enrique H. Pena, L.L.D.
Elizabeth J. Pokela, B.A.
Maria Rammos, M.S.W.
Gloria G. Rodriguez, M.Ed.
Julio Rosetti, M.A.
Edmundo Ruiz, M.D.
Aurora M. Sanchez, B.S.W.
Pete A. Sanchez, M.Ed.
Barbara Sanchez Smart, M.A.
Dick Spence, M.S.W.
Robert J. Velasquez, M.A.
Warren Weller, B.S., Ed.
Alexander Zaphiris, M.S.W., Ed.D., J.D.

"END OF DOCUMENT"